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COVID-19 Infection Is Associated With Repeat Emergency Department Visits
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Study Objective: As COVID-19 persists and the number of people with prior infection increases, the long-term sequelae are still being discovered. These long-term effects create the potential for previously infected to seek care in the emergency department (ED). The objective this study is to determine if there is an association between COVID-19 infection and subsequent ED utilization and to describe the reason for return visits.

Methods: This observational, case-control study was performed at an academic Level 1 trauma center in eastern NC. Charts were randomly selected from 400 patients who received an initial COVID diagnosis in the ED (cases) and 400 COVID-19 negative patients matched for age and comorbidity (controls). Visits were recorded for the 18 months after the initial visit. Demographic data and chief complaint at each visit were also collected. Comparison of visit return rate was performed via a binary linear regression with p-value of 0.05 indicating significance. Odd’s ratio for return visit with 95% confidence intervals are reported. Descriptive statistics are reported for categorical and demographic data.

Results: COVID-19 and control groups were of similar age (53.41, vs. 54.28 years, respectively). Both groups were predominately black (61.3% COVID-19 vs 70.6% control), followed by white (27.2% COVID-19 vs 26.2% control). The most common chief complaint for both groups in the first 6 months after enrollment was cardiovascular in nature. The second most common complaint was neuropsychiatric in the 0-3-month interval for both groups, while 4-6 months after enrollment COVID patients most often presented with neuropsychiatric complaints while control patients presented with gastrointestinal complaints. In total, 203 patients with a positive COVID-19 (50.8%) returned to the ED within an 18-month compared to 148 (37.1%) in the control group (p = .001; OR = 1.8, 95% CI 1.496-2.694). Over the first 3 months, 17.3% of COVID-19 patients returned to the ED, while 12.0% of non-COVID patients returned (p = .005; OR = 1.5, 95% CI =1.189-2.691). At 4-6 months, 17.5% of COVID 19 patients returned to the ED compared to 15.5% of non-COVID patients (P = .055; OR = 1.4, 95% CI 1.051-2.261).

Conclusion: A positive COVID-19 Infection was associated with repeat visits to the ED within 18 months following primary infection. The difference in return rate between COVID and non-COVID patients occurred within the first 6 months. It is possible that COVID-19 is exacerbating underlying medical conditions, requiring more intervention, or an underlying COVID-19 sequelae could be resulting in specific increased complaints amongst infected patients. Further identification of chief complaints at each visit, may help identify if a COVID-19 infection is responsible for a rise in specific complaint following primary infection.

No, authors do not have interests to disclose

EMF
Identifying and Addressing Barriers to Emergency Department Buprenorphine Use Across a Health Care System
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Study Objectives: Emergency department (ED) buprenorphine initiation, including buprenorphine administration, prescribing and linkage to outpatient treatment, is an evidence-based practice for the treatment of opioid use disorder (OUD). Unfortunately, implementation remains low. We employed a multiple-methods approach to inform a quantitative and qualitative data to contextualize ED buprenorphine practice patterns across a large health care system. Best practice adherence and barriers to implementation both varied by region, demonstrating a need for focused and practice-specific interventions. This project will facilitate future QI efforts by establishing baseline practice patterns and a platform for ongoing practice monitoring.

No, authors do not have interests to disclose

Direct Patient Impact from a State-Wide Point-of-Care Ultrasound Curriculum in a Distributed Campus Medical School
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Study Objectives: Point-of-care ultrasound (POCUS) offers valuable educational opportunities to undergraduate medical students when integrated into medical school clerkships. However, there remain challenges to the successful implementation of a POCUS curriculum, especially in a distributed campus. The objective of this research was to assess the improvement and expansion of an established POCUS curriculum and to describe patient impact.