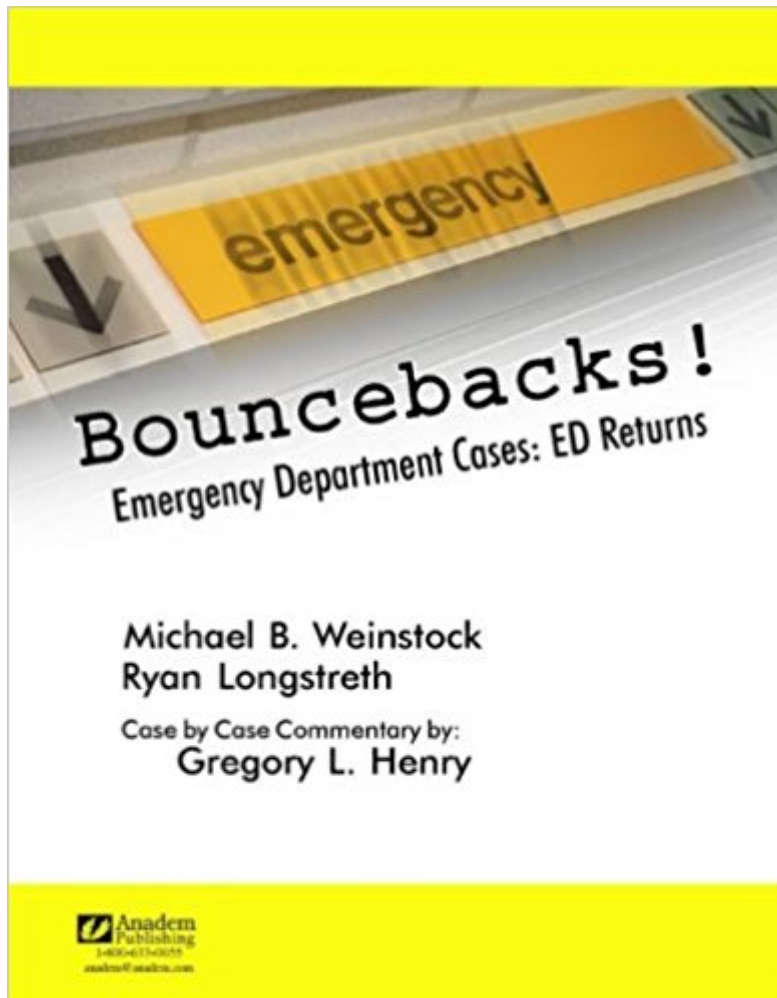




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# Bouncebacks! Emergency Department Cases: ED Returns



## Synopsis

Case-based for most effective learning and retention, Bouncebacks helps emergency physicians sharpen their analytical skills to improve patient safety. The illustrative cases educate emergency physicians in documentation, risk management, and evaluation and management of common ED complaints and diagnoses. Although patients in these cases were not entirely mismanaged, often important "red flags" were missed or ignored. The cases are structured for most learning impact: documentation of initial visits; Greg Henry, MD, FACEP (past president of ACEP) comments on evaluation and documentation from medical and risk management perspectives; final ED visits, diagnosis and hospital/surgical courses; and national experts' referenced discussions of appropriate ED approaches to diagnosis and management. Goals include patient safety, continuing education in documentation, risk management, and discussion on evaluation and management of common ED complaints and diagnoses.

## Book Information

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## Customer Reviews

"Bouncebacks! reaffirms the fact that a medical text need not be dull to deeply inform the reader." -- Frank J. Edwards, MD, 2006  
"This book is a must read for any clinical emergency physician." -- J. Brian Hancock, MD, 2006  
"This book is a must read for every emergency and primary care physician." -- Ronald A. Hellstern, MD, 2006

Bounce Backs! Emergency department cases: ED returns is an emergency department case study book by Michael B. Weinstock, MD and Ryan Longstreth, MD, with case by case commentary by

Greg Henry. The book's primary goal is to improve patient safety. Although these patients were not entirely mismanaged, often important "red flags" were missed or ignored. Additional goals include continuing education in documentation, risk management, and discussion on evaluation and management of common ED complaints and diagnoses. Thirty cases of patients are presented who "bounced back" to the ED; some arrested shortly after returning to the ED and some were again discharged (one patient had 6 ED visits). The patients presented with common problems such as headache, fever, abdominal pain, back pain, and chest pain; complaints which could have occurred in any ED, urgent care or primary care physician's office. The layout of the book is straightforward. Each chapter begins with documentation of the initial patient visit(s) with the actual physician documentation (with typos, strange abbreviations, etc.), with only minimal modifications to ensure anonymity and readability. Next, Greg Henry comments on the physician's evaluation and documentation from both a medical and risk management perspective. He makes his comments while "blinded" to the eventual ED diagnosis. He does this for all 30 cases. We then present the final ED visit, diagnosis, and hospital/surgical course. Finally, there is a referenced discussion of the appropriate ED approach to patients with this presenting complaint and eventual diagnosis by ED leaders including Jeffrey Kline, Steve Colucciello, Andy Jagoda, Amal Mattu, Lance Brown, Ann Dietrich, Sharon Mace, Wyatt Decker, Doug Rund, Raymond Jackson, Robert Dart, Billy Mallon, Stephen Karas, Scott Melanson, Tom Lukens, Sandy Craig, Wesley Eilbert, and Jud Hollander. These discussions refer to specific aspects of the evaluation and management of the case presented. We close with a tongue-in-cheek discussion of medical malpractice issues, entitled; "So you want to be sued for malpractice; the top-ten ways to maximize your risk."

I am a FNP working in Urgent Care. (A job that I sort of fell into, and love!) Needless to say, it brings with it a unique set of challenges. Although I tip my hat to the ER professionals, urgent care is frequently dealing with the same issues in terms of identifying those cases that have the potential to go sideways. This book is all about actually cases presenting to the ER, It goes over the chart note, the work up. The pt is discharged, and "bounces back" later. Sometimes it is because the work up was lacking. Sometimes, there is nothing that could have been done. The outcomes are sometimes horrible, and other times okay. What I took from this book was the importance of maintaining a constant high suspicion for the very worst things. Also, this book highlighted basic, simple things to keep you out of hot water. Did you address the pt's chief concern? Did you specify the amount of time (hours/days) in which the pt should follow up? This would be a great book for medical and NP students as well, I think, because it illustrates many key important details regarding history, context,

socioeconomic issues, and what physical exam details are musts.

I liked the cases and take home teaching points with review at the end of each case. I do have to say I like the addition of the legal discussion in the other bounceback book which this one lacks.

I work in an ED as a physician assistant. I have recommended this book to everyone I work with. While there are obvious mistakes in these cases you will pick up right away, they are actual cases and serve as a reminder that if someone else missed the obvious then why couldn't you. So take a day to read this book, get humbled by it and remember the points it makes in order to keep you and your patients safe.

This book is so awesome! I hope the author writes another one!

A must read for senior residents getting ready to practice unsupervised (ex. moonlighting or graduating) who have a good understanding of the core EM material.

I'm not a physician, nor do I work in the ED, but I bought this book b/c it sounded interesting and it got great reviews. I really liked reading the cases and seeing if I could make the correct diagnosis. This book enables one to learn a lot in a fun manner.

Great book - real cases with excellent commentary and advice. My documentation has improved since I read this book and I approach patient care in a more comprehensive way. A "must read" for ER doctors.

Amazing book. Must read for any EM resident

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