

Clinical Pearls For
Cost Containment in the Emergency Department*
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ABDOMINAL X-RAYS

Abdominal X-rays are not indicated for nonspecific signs and symptoms like nausea, vomiting, diarrhea, diffuse abdominal pain and Guaiac positive stools. X-rays almost never assist in the diagnosis with the exception of free air, which is unusual and normally suspected by the clinical exam. They should be ordered to confirm a suspected significant diagnosis, e.g. small bowel obstruction.

ARTERIAL BLOOD GAS

For a patient with uncomplicated asthma-treat first! Consider alternatives that may give you better and more Information (e.g. bedside pulmonary function testing)

BLOOD ALCOHOL

A blood alcohol level is not indicated in a mildly intoxicated patient with no other possible cause of his/her "intoxication." It is not necessary to check it on everyone who smells of alcohol.

BLOOD TYPING AND ADMINISTRATION

Attempt to estimate the present and future blood loss using objective criteria and order blood 2 units at a time in patients with other than immediate major blood losses. When the need for blood is gone, be sure to let the blood bank know so the held units of blood don't expire and get charged to the patient.

CBC AND DIFF

Stop reflex ordering. Determine the information actually needed and order only that subcomponent (e.g. hemoglobin or platelets, etc.). A Hemacue[®], done quickly and inexpensively in the ED may suffice.

CHEMISTRY PROFILE (BMP & CMP) (formerly SMA)

All the information contained in the larger metabolic profiles is rarely needed in the ED care of the patient. Check with your lab to see if doing the individual tests are less expensive. If one result is cheaper than six, and you need only one, order only one (for example a potassium).

CHEST X-RAY

Routine ordering of chest X-ray without specific indications is to be discouraged, especially in patients less than 40 years of age. The vast majority of pneumonias are clinically apparent, and if you can hear it, why do you need the X-ray?

CT SCAN OF HEAD

Not every case of head trauma needs a CT scan. Alert patients (Glasgow 14-15) with a history of minor injury or transient loss of consciousness can be managed without CT. Bleeds, if any are missed, are minor and nonoperative, and treated symptomatically.

DRUG SCREEN

Order a Tox Screen only if the results will alter your management of the patient (e.g. acetaminophen). Tox screens can be inaccurate, misleading, and are expensive.

LUMBAR SPINE X-RAY

If the physical exam is normal, it is unlikely there will be any significant X-ray findings. Save the X-ray for the very young, the old and those with a history of trauma or neurologic deficits.

CULTURES

Cultures of abscesses and vaginal discharge (except for GC) are of little use.

X-RAY FOR RIB DETAIL

X-rays do not change the therapy in minor trauma and are not indicated.

SKULL X-RAYS

Order skull X-rays to evaluate trauma or medical conditions affecting the skull- not the brain. Often a careful clinical evaluation with observation and follow-up is more helpful than a multiview skull x-ray.

THROAT CULTURE

In almost all cases the only type of throat culture that should be performed is a strep screen. A culture is not indicated if the physician decides to treat presumptively (exception- GC pharyngitis).

URINE C & S

The uncomplicated, historically isolated, lower UTI in adult females can be treated without the extra cost of a culture. Reserve cultures for patients who return with repeat infections, in all men with UTI's and those with complicated infections (pyelonephritis, infection in pregnancy and with a stone).