



# ABSTRACTS IN URGENT CARE

- Strict Rest Unnecessary After Concussion
- New Antibiotic: Teixobactin
- Parameters for Managing Atypical Presentations of Anaphylaxis

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Each month the Urgent Care College of Physicians (UCCOP) provides a handful of abstracts from or related to urgent care practices or practitioners. Sean McNeeley, MD, leads this effort.

## Strict Rest Unnecessary After Concussion

**Key point:** *strict rest after a concussion offers no advantage over standard stepwise return to play.*

**Citation:** Thomas DG, Apps JN, Hoffmann RG, et al. Benefits of strict rest after acute concussion: a randomized controlled trial. *Pediatrics* 2015;135:213–223.

Concussion treatment has been frequently debated. In this prospective study, patients with concussion were treated with either strict rest for 5 days or standard stepwise return to play. A total of 88 patients completed the study, 45 in the intervention group and 43 in the control group. There were no statistical differences between the groups regarding neurocognitive or balance outcomes. The intervention group missed more days of school and sports participation. For the urgent care provider, these findings will help temper the tendency to prescribe strict rest after concussions. Rest is good, but strict rest seems to provide no additional benefit. ■

## New Antibiotic: Teixobactin

**Key point:** *New antibiotics may be on the way.*

**Citation:** Ling LL, Schneider T, Peoples AJ, et al. A new antibiotic kills pathogens without detectable resistance. *Nature*. 2015;517:455–459.

Researchers have found a new antibiotic, teixobactin. Starting with penicillin, there has been a cycle in which new antibiotics are introduced and then the bacteria that they target develop resistance. Most antibiotics were found by cultivating soil mi-

croorganisms, but overuse in the 1960s led to a halt in production of unique antibiotics from this source. Unfortunately, 99% of microorganisms needed for new antibiotics cannot be cultured in the laboratory. However, the authors developed new ways to grow these uncultured organisms, discovering teixobactin in the process. They report no resistance to teixobactin from *Staphylococcus aureus*. This development provides a bit of hope to urgent care providers. ■

## Parameters for Managing Atypical Presentations of Anaphylaxis

**Key point:** *Atypical presentation of anaphylaxis must be considered, to avoid a missed diagnosis.*

**Citation:** Campbell RL, Li JT, Nicklas RA, et al; Practice Parameter Workgroup. Emergency department diagnosis and treatment of anaphylaxis: a practice parameter. *Ann Allergy Asthma Immunol*. 2014;113:599–608. Available from: [http://www.annallergy.org/article/S1081-1206\(14\)00743-1/pdf](http://www.annallergy.org/article/S1081-1206(14)00743-1/pdf)

A practice parameter has been created for emergency treatment of anaphylaxis by researchers representing three allergy and immunology organizations. Considering the emergent nature of this reaction and the potential for presenting to an urgent care center, clinicians should consider a complete review of the document. The group made many important recommendations, including the following:

- Basing diagnosis on the medical history and physical examination findings rather than waiting for signs of shock
- Using the supine position for patients, except for pregnant patients, who should lie on the left side
- Administering epinephrine intramuscularly in the anterolateral thigh
- Administering antihistamines and steroids rather than epinephrine
- Instructing patients to follow up with an allergist after discharge ■



**Sean M. McNeeley, MD**, is an urgent care practitioner and Network Medical Director at University Hospitals of Cleveland, home of the first fellowship in urgent care medicine. Dr. McNeeley is a founding board member of UCCOP and vice chair of the Board of Certification of Urgent Care Medicine. He also sits on the *JUCM* editorial board.