# ABSTRACTS IN URGENT CARE

- Opiates: Not Go-To Pain Controllers in Children
- Pregnancy Tests Are Underused in Women Receiving Potentially Harmful Medications
- Legality of Expedited Treatment of Sex Partners
- Still Necessary to Watch for Tetanus
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- Is Early Imaging Really Needed in Older Adults with Low Back Pain?

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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.

## Opiates: Not Go-To Pain Controllers in Children

*Key point: Once again, opiates prove inferior for pain control in children.*

**Citation: Kelly LE, Sommer DD, Ramakrishna J, et al. Morphine or ibuprofen for post-tonsillectomy analgesia: a randomized trial. *Pediatrics*. 2015;135:307–313.**

The potential for overuse of opiates is a frequent concern. This study compared opiates to ibuprofen for pain control. A total of 91 children were randomized to receive a combination of morphine and acetaminophen or a combination of ibuprofen and acetaminophen after tonsillectomy, which was performed to treat the children for pediatric sleep disorder. Patients receiving ibuprofen had fewer desaturations during sleep than the morphine group and no difference in pain control. This is additional evidence that ibuprofen is at least as good as opiates for pain control in children. ■

## Pregnancy Tests Are Underused in Women Receiving Potentially Harmful Medications

*Key point: Check for pregnancy before prescribing teratogenic medications.*

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**Citation: Goyal MK, Hersh AL, Badolato G, et al. Underuse of pregnancy testing for women prescribed teratogenic medications in the emergency department. *Acad Emerg Med*. 2015;22:192–196.**

In this retrospective cross-sectional study, investigators attempted to determine how often pregnancy tests are given before prescribing category D and X medications to women of childbearing age. Data for almost 40,000 patients were reviewed. Only 22% of these patients were given a pregnancy test before being prescribed medications. The most common prescriptions were for benzodiazepines, antibiotics, and antiepileptics. For urgent-care physicians, these findings are a good reminder to check whether patients of childbearing age are pregnant before prescribing potentially harmful medications to them. ■

## Legality of Expedited Treatment of Sex Partners

*Key point: Know your state laws on express treatment for sex partners.*

**Citation: Hodge JG Jr, Pulver A, Hogben M, et al. Expedited partner therapy for sexually transmitted diseases: assessing the legal environment. *Am J Public Health* 2008;98:238–243.**

Sexually transmitted infections continue to be a great public health concern, creating morbidity and occasionally even mortality. One effort to reduce the transmission of these diseases is expedited partner therapy (EPT). The article describes EPT as the "delivery of medications or prescriptions by persons in-

*"[Expedited partner therapy is the] 'delivery of medications or prescriptions by persons infected with an STD to their sexual partners without prior clinical assessment of those partners.'"*

fected with an STD to their sexual partners without prior clinical assessment of those partners." This treatment method makes practical sense but may have medicolegal consequences. The article reviews the legal environment for this type of care. Back in 2005, a survey of medical boards showed that EPT was considered illegal or questionable. The authors have now reviewed current state laws regarding EPT. Twelve states expressly allow it, 13 expressly prohibit it, and the laws in the remainder are ambiguous. It is vital that acute-care providers know their state's laws, and checking for new state laws on a regular basis is very important before implementing EPT. ■

## Still Necessary to Watch for Tetanus

***Key point: Tetanus, although rare today, still occurs and can be fatal.***

**Citation: Yen C, Murray E, Zipprich J, et al. Missed opportunities for tetanus postexposure prophylaxis—California, January 2008–March 2014. *MMWR Morb Mortal Wkly Rep* 2015;64:243–246.**

Although the number of cases of tetanus has dramatically reduced in the last 100 years, the disease still occurs. This article highlights the serious nature of the disease and how we can prevent it. In California between January 2008 and March 2014, 21 cases of tetanus were reported. Five of the patients died. Nine sought medical care, but only 2 were provided the appropriate postexposure prophylaxis. Of the 7 who were seen and not given proper prophylaxis, 1 had an anaphylactic reaction to tetanus but was not offered tetanus immune globulin, 5 had unknown tetanus vaccine histories and should have received tetanus immune globulin and vaccine, and the final patient had received a vaccine more than 10 years earlier but was not offered a vaccine booster dose. Also of note, exposures are not limited to metallic puncture wound injuries but also include working in soil with abrasions, animal bites, and any other breaks in the skin barrier. For the acute-care provider, a review of American College of Physicians guidelines for immunization and immune globulin after exposure is a good idea. It is also important to remember that recommendations vary on the basis of whether the injury is clean and uncomplicated. This article has a good, simple table (Table 3) that can serve as a reminder of the management of tetanus wounds. ■

## Trimethoprim-Sulfamethoxazole Versus Clindamycin

***Key point: Trimethoprim–sulfamethoxazole may be just as effective as clindamycin in treating certain skin infections.***

**Citation: Miller LG, Daum RS, Creech CB, et al; DMID 07-0051 Team. Clindamycin versus trimethoprim-sulfamethoxazole for uncomplicated skin infections *N Engl J Med* 2015;372:1093–1103.**

Treatment of uncomplicated skin infections has changed since the 1990s because of the increasing incidence of infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA). However, not much research has been done to help clinicians decide which antibiotic or antibiotics to use. This article reports on study a total of 524 patients enrolled into treatment with either clindamycin or trimethoprim-sulfamethoxazole for 10 days. All participants had cellulitis or abscesses that were drained. Clinical cure rates and side effects at 7 to 10 days were similar in both groups. No instances of infection with *Clostridium difficile* were noted. For the urgent care provider, this study is most interesting because the cure rate was only 80%, perhaps because there were causes of infection other than MRSA. For now, it looks like two-antibiotic therapy may still be best. ■

## Is Early Imaging Really Needed in Older Adults with Low Back Pain?

***Key point: Early imaging in low back pain may not be necessary even in older adults.***

**Citation: Jarvik JG, Gold LS, Comstock BA, et al. Association of early imaging for back pain with clinical outcomes in older adults. *JAMA* 2015;313:1143–1153.**

Most guidelines suggest that early imaging in low back pain should be limited to adults older than 50 years. This concern is based on the greater risk in this age group of tumors or fractures. The study reported in this article assessed more than 5000 patients older than 65 years who had nonradiating low back pain and were evaluated either with or without early imaging, and it compared their outcomes at 1 year. Patients undergoing imaging were assigned to either a plain-film group or a computed tomography/magnetic resonance imaging group and were matched with control participants. The researchers found little difference between the groups in function or pain scores at 1 year, and they did not find a statistically significant difference between groups regarding more serious diagnoses such as cancer. However, the early-imaging group did have significantly higher costs and incidental unimportant findings that led to more tests and anxiety for these patients. The study's findings likely require confirmation, but they do put into perspective the risk involved in early imaging. ■