

tion device and position of the wrist in the cast can affect the functional outcome of distal radius fractures.

**Citation:** Raittio L, Launonen AP, Hevonkorpi T, et al. Two casting methods compared in patients with Colles' fracture: a pragmatic, randomized controlled trial. *PLoS one.* 2020;15(5): e0232153.

**Relevance:** There are various options in the management of distal radius fractures in elderly patients. Conservative management in the below-elbow cast following manipulation is a commonly practiced technique. The outcome of such cases depends on various factors including the type of cast and position of the wrist. The study explores the effect of the type of immobilization and position of the wrist on the functional outcome at 12 months.

**Study summary:** In this pragmatic, multicenter randomized controlled trial, the authors explored the functional outcomes

of distal radius fractures in 105 elderly patients following the conservative management in below-elbow casts. The patients were older than 65 years and were randomized into two groups: functional cast (FC, 0-10 dorsal angulation) and volar flexion and ulnar deviation cast (VFUDC). The RCT was conducted in three hospitals in Finland. The patients were followed up with the patient-reported wrist evaluation score (PRWE) and Quick-DASH scores at 12 months following the injury. The RCT revealed that there were no statistically significant differences between the two types of casts and position of the wrists. However, the FC showed relatively better outcome in terms of PRWE scores (15.5 vs 20.4,  $p=0.24$ ). The authors recommend FC following distal radius fractures due to its clinically significant better results, though it failed to achieve a statistical significance.

Initial splinting in a sugar tong splint in urgent care remains the standard of care for immediate management, but patients can be informed that they may be given a below-elbow cast when following up with an orthopedic specialist. ■

## Spotlight on Original Research in Pediatric Urgent Care:

# Excerpts from the 2020 Pediatric Urgent Care Conference (PUCC)

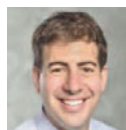
Los Angeles, CA

■ DAVID J. MATHISON, MD, MBA

### Decreasing Length of Stay in the Pediatric Urgent Care with Electronic Discharge Instructions\*

Wooster J, Patel A, Nedved A, Lee B

The aim of this research was to determine if an electronic discharge process could decrease length of stay by an average of 10 minutes per patient. An electronic discharge procedure was implemented through a patient portal at a single freestanding



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*“Non-fellowship-trained PUC physicians reported less preparation during residency for procedures such as fracture and joint reductions, regional and digital nerve blocks, and procedural sedation.”*

pediatric urgent care, eliminating the use of hard copy instructions. After implementation, a retrospective manual audit was performed for patients on the 14<sup>th</sup> and 28<sup>th</sup> day of each month from August 2018 to April 2019 and stratified length of stay (LOS) (total and bedded) by means of discharge. The mean total LOS was calculated each month for the depart process type and trends were smoothed by using a 3-month moving average. The LOS measures were compared to patient satisfaction scores

from the Patient Experience Survey (NRC) between the months of July 2017 and April 2019. Electronic discharge instructions decreased median LOS from 69 to 57 minutes for patients using the portal. The median LOS for patients receiving hard copy instructions was 66 minutes. The patient experience score increased from 72.3 to 78.4 with use of electronic instructions and a faster discharge. E-depart significantly decreases LOS and is associated with improved patient experience scores.

\*Selected as Best Poster Presentation ■

### Text Messaging as a Delivery Mode for Pediatric Urgent Care Patient Experience Surveys

Montalbano A, Taff K

The primary objective was to improve patient experience survey response rates by utilizing text messaging as a delivery mode. Since parents in the Millennial age group have been the primary respondents to urgent care surveys, the authors hypothesized that text messaging may result in greater survey response rates than have been seen on inpatient units. Three hospital-affiliated pediatric urgent care sites with over 90,000 patient encounters a year introduced texting as a survey delivery mode for 6 months starting July 1, 2019. Compared with the same time period in 2018, the overall response rate decreased in 2019 by 2.8% ( $p=0.003$ ); however, the drop-off rate decreased 11.4% ( $p<0.001$ ) and responses with qualitative comments increased by 9.7% ( $p=0.024$ ). While the introduction of text messaging as a mode for survey delivery did not significantly increase overall response rates in pediatric urgent care, participants that did respond were significantly more likely to complete the survey and provide more comments. Our study found that different modes of survey delivery may achieve different goals of generating patient experience feedback. ■

### Pediatric Urgent Care: Educational Needs of a Growing Field

Pattishall A, Weinberg E, Coco T, Figueroa J, McCracken C, DiStefano M, Jackson C

This study aimed to foster better understanding of how well pediatric urgent care (PUC) training programs prepare trainees to practice PUC, and how PUC providers subsequently obtain CME. One hundred sixty-three physicians completed a needs assessment survey. Those who reported spending more than 25% of their clinical time practicing PUC were included in the analysis.

Non-fellowship-trained PUC physicians reported less preparation during residency for procedures such as fracture and joint reductions, regional and digital nerve blocks, and procedural sedation. They also felt less prepared to handle cases in areas such as dental emergencies and trauma. Pediatric emer-

#### Other studies presented included:

- Learner Presence Does Not Impact Patient Experience Scores in Pediatric Urgent Care  
*Skoglund D*
- Engaging Employees When Time is Money  
*Koss K*
- Pain Assessment in Pediatric Urgent Care  
*Greevy A, Arndt M*
- Scribes – Writing Your Ticket to Success  
*Koss K*
- An Unusual Case of Chest Pain  
*Hebert M*
- Implementing a New EHR: One Company's Experience With a Focus on Productivity and End-User Satisfaction  
*Kelly EA, Rosenfeld J, DiMondo K, Toribio K, Raskas M*

gency medicine fellowship-trained physicians reported less preparation for fracture reductions and regional nerve blocks. While PUC physicians obtain CME through a variety of methods, less than 20% categorized the CME they were obtaining as “PUC-focused.” Few physicians were “very satisfied” with their ability to obtain CME specific to PUC.

These findings highlight gaps in training and educational opportunities for this growing group of practicing pediatricians.

### Fever Without a Source in Unvaccinated Children 3 to 36 Months—What Workup Is Recommended?

Finkel L, Jimenez CO, Byers M, Eilberg W

The purpose of this review was to examine the current medical literature for recommendations pertaining to the evaluation of febrile unvaccinated children 3 months to 36 months of age without a clear source of infection. While the widespread use of childhood vaccines for *H influenzae* type B (HIB) and *Streptococcus pneumoniae* (PCV7/13) has resulted in a decrease of occult bacteremia (OB) and serious bacterial infection (SBI) in these vaccinated children, there is not a standard of care for the evaluation and management in unvaccinated children who still benefit from herd immunity.

The authors found no studies specifically examining the rates of OB and SBI in unvaccinated children. Furthermore, no publications were found that provided recommendations for the evaluation of febrile unvaccinated children. At present, the rates of OB/SBI in febrile, well-appearing, unvaccinated children remains unknown.

Further studies are needed to better understand the risk for OB/SBI in unvaccinated children in the post pneumococcal vaccine era. ■

(For information about next year's conference, visit <https://www.pucconference.com>.)