Pierre Borczuk

List of Publications by Year in descending order

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840776 888059 22 308 11 17 citations h-index g-index papers 22 22 22 389 all docs docs citations times ranked citing authors

#	Article	IF	CITATIONS
1	Patients with traumatic subarachnoid hemorrhage are at low risk for deterioration or neurosurgical intervention. Journal of Trauma and Acute Care Surgery, 2013, 74, 1504-1509.	2.1	54
2	Elder Patients with Closed Head Trauma: A Comparison with Nonelder Patients. Academic Emergency Medicine, 1998, 5, 678-684.	1.8	41
3	RSV in adult ED patients: Do emergencyÂproviders consider RSV as an admission diagnosis?. American Journal of Emergency Medicine, 2017, 35, 1162-1165.	1.6	30
4	Identifying patients with mild traumatic intracranial hemorrhage at low risk of decompensation who are safe for ED observation. American Journal of Emergency Medicine, 2017, 35, 255-259.	1.6	23
5	Opportunity to reduce transfer of patients with mild traumatic brain injury and intracranial hemorrhage to a Level 1 trauma center. American Journal of Emergency Medicine, 2017, 35, 1281-1284.	1.6	20
6	A Decision Instrument to Identify Isolated Traumatic Subdural Hematomas at Low Risk of Neurologic Deterioration, Surgical Intervention, or Radiographic Worsening. Academic Emergency Medicine, 2017, 24, 1377-1386.	1.8	18
7	A natural language processing algorithm to extract characteristics of subdural hematoma from head CT reports. Emergency Radiology, 2019, 26, 301-306.	1.8	18
8	72 h returns: A trigger tool for diagnostic error. American Journal of Emergency Medicine, 2018, 36, 359-361.	1.6	16
9	Utilization of head CT during injury visits to United States emergency departments: 2012–2015. American Journal of Emergency Medicine, 2018, 36, 1463-1466.	1.6	15
10	Is repeat head CT necessary in patients with mild traumatic intracranial hemorrhage. American Journal of Emergency Medicine, 2019, 37, 1694-1698.	1.6	14
11	Rapid Discharge After Interfacility Transfer for Mild Traumatic Intracranial Hemorrhage: Frequency and Associated Factors. Western Journal of Emergency Medicine, 2019, 20, 307-315.	1.1	12
12	Evaluation of a Lowâ€risk Mild Traumatic Brain Injury and Intracranial Hemorrhage Emergency Department Observation Protocol. Academic Emergency Medicine, 2018, 25, 769-775.	1.8	11
13	Unscheduled return visits to the emergency department with ICU admission: A trigger tool for diagnostic error. American Journal of Emergency Medicine, 2020, 38, 1584-1587.	1.6	9
14	An evidence-based approach to the evaluation and treatment of low back pain in the emergency department. Emergency Medicine Practice, 2013, 15, 1-23; Quiz 23-4.	0.6	9
15	Seventy-Two–Hour Returns Are Not Useful in Identifying Emergency Department Patients With a Concerning Intra-Abdominal Process. Journal of Emergency Medicine, 2016, 50, 560-566.	0.7	5
16	Seizure frequency in patients with isolated subdural hematoma and preserved consciousness. Brain Injury, 2019, 33, 1059-1063.	1.2	4
17	External Validation of a Tool to Predict Neurosurgery in Patients with Isolated Subdural Hematoma. World Neurosurgery, 2021, 147, e163-e170.	1.3	3
18	A prediction model to identify patients without a concerning intraabdominal diagnosis. American Journal of Emergency Medicine, 2016, 34, 1354-1358.	1.6	2

#	Article	IF	CITATIONS
19	Can video-based telehealth examinations of the abdomen safely determine the need for imaging?. Journal of Telemedicine and Telecare, 2021, , 1357633X2110233.	2.7	2
20	Seizure and Fever. Journal of Emergency Medicine, 2016, 50, 773-777.	0.7	1
21	The Utility of Computed Tomography Angiogram in Patients with Mild Traumatic Subarachnoid Hemorrhage. Journal of Emergency Medicine, 2021, 61, 456-465.	0.7	1
22	The Role of Repeat head CT in Patients with Mild Traumatic Intracranial Injury. American Journal of Emergency Medicine, 2020, 38, 394.	1.6	0