

Pierre Borczuk

List of Publications by Year in descending order

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Version: 2024-02-01

22
papers

308
citations

840776

11
h-index

888059

17
g-index

22
all docs

22
docs citations

22
times ranked

389
citing authors

#	ARTICLE	IF	CITATIONS
1	External Validation of a Tool to Predict Neurosurgery in Patients with Isolated Subdural Hematoma. <i>World Neurosurgery</i> , 2021, 147, e163-e170.	1.3	3
2	The Utility of Computed Tomography Angiogram in Patients with Mild Traumatic Subarachnoid Hemorrhage. <i>Journal of Emergency Medicine</i> , 2021, 61, 456-465.	0.7	1
3	Can video-based telehealth examinations of the abdomen safely determine the need for imaging?. <i>Journal of Telemedicine and Telecare</i> , 2021, , 1357633X21110233.	2.7	2
4	Unscheduled return visits to the emergency department with ICU admission: A trigger tool for diagnostic error. <i>American Journal of Emergency Medicine</i> , 2020, 38, 1584-1587.	1.6	9
5	The Role of Repeat head CT in Patients with Mild Traumatic Intracranial Injury. <i>American Journal of Emergency Medicine</i> , 2020, 38, 394.	1.6	0
6	A natural language processing algorithm to extract characteristics of subdural hematoma from head CT reports. <i>Emergency Radiology</i> , 2019, 26, 301-306.	1.8	18
7	Rapid Discharge After Interfacility Transfer for Mild Traumatic Intracranial Hemorrhage: Frequency and Associated Factors. <i>Western Journal of Emergency Medicine</i> , 2019, 20, 307-315.	1.1	12
8	Seizure frequency in patients with isolated subdural hematoma and preserved consciousness. <i>Brain Injury</i> , 2019, 33, 1059-1063.	1.2	4
9	Is repeat head CT necessary in patients with mild traumatic intracranial hemorrhage. <i>American Journal of Emergency Medicine</i> , 2019, 37, 1694-1698.	1.6	14
10	72 h returns: A trigger tool for diagnostic error. <i>American Journal of Emergency Medicine</i> , 2018, 36, 359-361.	1.6	16
11	Evaluation of a Low-Risk Mild Traumatic Brain Injury and Intracranial Hemorrhage Emergency Department Observation Protocol. <i>Academic Emergency Medicine</i> , 2018, 25, 769-775.	1.8	11
12	Utilization of head CT during injury visits to United States emergency departments: 2012-2015. <i>American Journal of Emergency Medicine</i> , 2018, 36, 1463-1466.	1.6	15
13	Opportunity to reduce transfer of patients with mild traumatic brain injury and intracranial hemorrhage to a Level 1 trauma center. <i>American Journal of Emergency Medicine</i> , 2017, 35, 1281-1284.	1.6	20
14	RSV in adult ED patients: Do emergency providers consider RSV as an admission diagnosis?. <i>American Journal of Emergency Medicine</i> , 2017, 35, 1162-1165.	1.6	30
15	A Decision Instrument to Identify Isolated Traumatic Subdural Hematomas at Low Risk of Neurologic Deterioration, Surgical Intervention, or Radiographic Worsening. <i>Academic Emergency Medicine</i> , 2017, 24, 1377-1386.	1.8	18
16	Identifying patients with mild traumatic intracranial hemorrhage at low risk of decompensation who are safe for ED observation. <i>American Journal of Emergency Medicine</i> , 2017, 35, 255-259.	1.6	23
17	Seventy-Two-Hour Returns Are Not Useful in Identifying Emergency Department Patients With a Concerning Intra-Abdominal Process. <i>Journal of Emergency Medicine</i> , 2016, 50, 560-566.	0.7	5
18	A prediction model to identify patients without a concerning intraabdominal diagnosis. <i>American Journal of Emergency Medicine</i> , 2016, 34, 1354-1358.	1.6	2

#	ARTICLE	IF	CITATIONS
19	Seizure and Fever. <i>Journal of Emergency Medicine</i> , 2016, 50, 773-777.	0.7	1
20	Patients with traumatic subarachnoid hemorrhage are at low risk for deterioration or neurosurgical intervention. <i>Journal of Trauma and Acute Care Surgery</i> , 2013, 74, 1504-1509.	2.1	54
21	An evidence-based approach to the evaluation and treatment of low back pain in the emergency department. <i>Emergency Medicine Practice</i> , 2013, 15, 1-23; Quiz 23-4.	0.6	9
22	Elder Patients with Closed Head Trauma: A Comparison with Nonelder Patients. <i>Academic Emergency Medicine</i> , 1998, 5, 678-684.	1.8	41