

Nicholas M Mohr

List of Publications by Year in Descending Order

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The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

142 papers	2,021 citations	24 h-index	40 g-index
166 ext. papers	3,493 ext. citations	5.3 avg, IF	4.96 L-index

#	Paper	IF	Citations
142	Effectiveness of a Third Dose of Pfizer-BioNTech and Moderna Vaccines in Preventing COVID-19 Hospitalization Among Immunocompetent and Immunocompromised Adults - United States, August-December 2021.. <i>Morbidity and Mortality Weekly Report</i> , 2022 , 71, 118-124	31.7	11
141	Prediction Models for Severe Manifestations and Mortality due to COVID-19: A Systematic Review.. <i>Academic Emergency Medicine</i> , 2022 ,	3.4	3
140	Low Tidal Volume Ventilation for Emergency Department Patients: A Systematic Review and Meta-Analysis on Practice Patterns and Clinical Impact.. <i>Critical Care Medicine</i> , 2022 ,	1.4	2
139	Clinical Severity and mRNA Vaccine Effectiveness for Omicron, Delta, and Alpha SARS-CoV-2 Variants in the United States: A Prospective Observational Study. 2022 ,		3
138	Concept review of regionalized systems of acute care: Is regionalization the next frontier in sepsis care?. <i>Journal of the American College of Emergency Physicians Open</i> , 2022 , 3, e12631	1.6	0
137	New Zealand Emergency Department COVID-19 Preparedness: a cross-sectional survey and narrative view.. <i>BMJ Open</i> , 2022 , 12, e053611	3	
136	Clinical severity of, and effectiveness of mRNA vaccines against, covid-19 from omicron, delta, and alpha SARS-CoV-2 variants in the United States: prospective observational study.. <i>BMJ, The</i> , 2022 , 376, e069761	5.9	39
135	Effectiveness of mRNA Vaccination in Preventing COVID-19-Associated Invasive Mechanical Ventilation and Death - United States, March 2021-January 2022.. <i>Morbidity and Mortality Weekly Report</i> , 2022 , 71, 459-465	31.7	13
134	In reply.. <i>Annals of Emergency Medicine</i> , 2022 , 79, 319-320	2.1	
133	1414: EMERGENCY DEPARTMENT TELEMEDICINE IS USED FOR PATIENTS WITH MORE SEVERE SEPSIS IN RURAL HOSPITALS. <i>Critical Care Medicine</i> , 2022 , 50, 709-709	1.4	
132	10: THE SUSTAINABILITY OF LUNG-PROTECTIVE VENTILATION IN THE ED: A 5-YEAR, SINGLE-CENTER EXPERIENCE. <i>Critical Care Medicine</i> , 2022 , 50, 5-5	1.4	
131	Effectiveness of mRNA vaccines in preventing COVID-19 hospitalization by age and burden of chronic medical conditions among immunocompetent US adults, March-August 2021.. <i>Journal of Infectious Diseases</i> , 2021 ,	7	2
130	An estimate of missed pediatric sepsis in the emergency department. <i>Diagnosis</i> , 2021 , 8, 193-198	4.2	3
129	Association Between mRNA Vaccination and COVID-19 Hospitalization and Disease Severity. <i>JAMA - Journal of the American Medical Association</i> , 2021 , 326, 2043-2054	27.4	105
128	Education to increase efficiency in senior emergency medicine residents: too little, too late?. <i>Internal and Emergency Medicine</i> , 2021 , 1	3.7	
127	Epinephrine before defibrillation in patients with shockable in-hospital cardiac arrest: propensity matched analysis. <i>BMJ, The</i> , 2021 , 375, e066534	5.9	0
126	Association of Rural and Critical Access Hospital Status With Patient Outcomes After Emergency Department Visits Among Medicare Beneficiaries. <i>JAMA Network Open</i> , 2021 , 4, e2134980	10.4	0

125 Inter-Hospital Transfer of the Critically Ill COVID-19 Patient **2021**, 175-187

124 Opioid and benzodiazepine use in the emergency department and the recognition of delirium within the first 24 hours of hospitalization.. *Journal of Psychosomatic Research*, **2021**, 153, 110704 4.1 0

123 Provider-to-provider telemedicine improves adherence to sepsis bundle care in community emergency departments. *Journal of Telemedicine and Telecare*, **2021**, 27, 518-526 6.8 6

122 The Iowa less aggressive protocol: A mixed-methods study on the novel treatment protocol of atrial fibrillation. *American Journal of Emergency Medicine*, **2021**, 45, 439-445 2.9 0

121 Vaccination rates and acceptance of SARS-CoV-2 vaccination among U.S. emergency department health care personnel. *Academic Emergency Medicine*, **2021**, 28, 455-458 3.4 25

120 Interim Estimates of Vaccine Effectiveness of Pfizer-BioNTech and Moderna COVID-19 Vaccines Among Health Care Personnel - 33 U.S. Sites, January-March 2021. *Morbidity and Mortality Weekly Report*, **2021**, 70, 753-758 31.7 85

119 The ED-AWARENESS Study: A Prospective, Observational Cohort Study of Awareness With Paralysis in Mechanically Ventilated Patients Admitted From the Emergency Department. *Annals of Emergency Medicine*, **2021**, 77, 532-544 2.1 3

118 Diagnosed and Undiagnosed COVID-19 in US Emergency Department Health Care Personnel: A Cross-sectional Analysis. *Annals of Emergency Medicine*, **2021**, 78, 27-34 2.1 2

117 Emergency department telemedicine consults decrease time to interpret computed tomography of the head in a multi-network cohort. *Journal of Telemedicine and Telecare*, **2021**, 27, 343-352 6.8 4

116 Implementation of an ED-based bundled mechanical ventilation protocol improves adherence to lung-protective ventilation. *American Journal of Emergency Medicine*, **2021**, 43, 186-194 2.9 4

115 High-efficiency Practices of Residents in an Academic Emergency Department: A Mixed-methods Study. *AEM Education and Training*, **2021**, 5, e10517 2.2 0

114 Real-Time Learning Through Telemedicine Enhances Professional Training in Rural Emergency Departments. *Telemedicine Journal and E-Health*, **2021**, 27, 441-447 5.9 5

113 Economic Evaluation of the Emergency Department After Implementation of an Emergency Psychiatric Assessment, Treatment, and Healing Unit. *Academic Emergency Medicine*, **2021**, 28, 82-91 3.4 2

112 Averted Transfers in Rural Emergency Departments Using Telemedicine: Rates and Costs Across Six Networks. *Telemedicine Journal and E-Health*, **2021**, 27, 481-487 5.9 5

111 HRSAQ evidence-based tele-emergency network grant program: Multi-site prospective cohort analysis across six rural emergency department telemedicine networks. *PLoS ONE*, **2021**, 16, e0243211 3.7 7

110 TELEmedicine as an intervention for sepsis in emergency departments: a multicenter, comparative effectiveness study (TELEvised Study). *Journal of Comparative Effectiveness Research*, **2021**, 10, 77-91 2.1 0

109 Effectiveness of SARS-CoV-2 mRNA Vaccines for Preventing Covid-19 Hospitalizations in the United States **2021**, 17

108 SARS-CoV-2 Seroprevalence and Drug Use in Trauma Patients from Six Sites in the United States **2021**, 2

107	Effectiveness of SARS-CoV-2 mRNA Vaccines for Preventing Covid-19 Hospitalizations in the United States. <i>Clinical Infectious Diseases</i> , 2021 ,	11.6	60
106	Sustained Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Associated Hospitalizations Among Adults - United States, March-July 2021. <i>Morbidity and Mortality Weekly Report</i> , 2021 , 70, 1156-1162	31.7	92
105	Outcomes Associated with Lower Doses of Ketamine by Emergency Medical Services for Profound Agitation. <i>Western Journal of Emergency Medicine</i> , 2021 , 22, 1183-1189	3.3	1
104	Effectiveness of mRNA Covid-19 Vaccine among U.S. Health Care Personnel. <i>New England Journal of Medicine</i> , 2021 ,	59.2	66
103	Comparative Effectiveness of Moderna, Pfizer-BioNTech, and Janssen (Johnson & Johnson) Vaccines in Preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions - United States, March-August 2021. <i>Morbidity and Mortality Weekly Report</i> , 2021 , 70, 1337-1343	31.7	116
102	In Reply to Ivor Douglas Letter to the Editor 2021-1053. <i>Annals of Emergency Medicine</i> , 2021 , 78, 573	2.1	
101	The "double eights mask brace" improves the fit and protection of a basic surgical mask amidst COVID-19 pandemic. <i>Journal of the American College of Emergency Physicians Open</i> , 2021 , 2, e12335	1.6	8
100	The AIR-SED Study: A Multicenter Cohort Study of SEDation Practices, Deep Sedation, and Coma Among Mechanically Ventilated AIR Transport Patients. 2021 , 3, e0597		0
99	Two-Item Fall Screening Tool Identifies Older Adults at Increased Risk of Falling after Emergency Department Visit. <i>Western Journal of Emergency Medicine</i> , 2020 , 21, 1275-1282	3.3	
98	Inpatient hospital performance is associated with post-discharge sepsis mortality. <i>Critical Care</i> , 2020 , 24, 626	10.8	3
97	Preferences for emergency medical service transport after childhood injury: An emergency department-based multi-methods study. <i>Injury</i> , 2020 , 51, 1961-1969	2.5	2
96	Etomidate Use Is Associated With Less Hypotension Than Ketamine for Emergency Department Sepsis Intubations: A NEAR Cohort Study. <i>Academic Emergency Medicine</i> , 2020 , 27, 1140-1149	3.4	13
95	Emergency Department Telemedicine Consults are Associated with Faster Time-to-Electrocardiogram and Time-to-Fibrinolysis for Myocardial Infarction Patients. <i>Telemedicine Journal and E-Health</i> , 2020 , 26, 1440-1448	5.9	10
94	Potentially avoidable inter-facility transfer from Veterans Health Administration emergency departments: A cohort study. <i>BMC Health Services Research</i> , 2020 , 20, 110	2.9	5
93	A study protocol for a multicentre, prospective, before-and-after trial evaluating the feasibility of implementing targeted SEDation after initiation of mechanical ventilation in the emergency department (The ED-SED Pilot Trial). <i>BMJ Open</i> , 2020 , 10, e041987	3	2
92	Inter-hospital Transfer of the Critically Ill 2020 , 621-635		
91	Sedation Depth is Associated with Increased Hospital Length of Stay in Mechanically Ventilated Air Medical Transport Patients: A Cohort Study. <i>Prehospital Emergency Care</i> , 2020 , 24, 783-792	2.8	6
90	Double inter-hospital transfer in Sepsis patients presenting to the ED does not worsen mortality compared to single inter-hospital transfer. <i>Journal of Critical Care</i> , 2020 , 56, 49-57	4	2

89	Perceptions and Perceived Utility of Rural Emergency Department Telemedicine Services: A Needs Assessment. <i>Telemedicine Journal and E-Health</i> , 2020 , 26, 855-864	5.9	4
88	Association of admission clinical predictors and functional outcome in patients with Cerebral Venous and Dural Sinus Thrombosis. <i>Clinical Neurology and Neurosurgery</i> , 2020 , 188, 105563	2	2
87	Patterns of Care and Clinical Outcomes in Patients with Cerebral Sinus Venous Thrombosis. <i>Journal of Stroke and Cerebrovascular Diseases</i> , 2020 , 29, 105313	2.8	0
86	The Use of Electronic Consent for COVID-19 Clinical Trials: Lessons for Emergency Care Research During a Pandemic and Beyond. <i>Academic Emergency Medicine</i> , 2020 , 27, 1183-1186	3.4	3
85	Boarding of critically ill patients in the emergency department. <i>Journal of the American College of Emergency Physicians Open</i> , 2020 , 1, 423-431	1.6	7
84	Rural Interfacility Emergency Department Transfers: Framework and Qualitative Analysis. <i>Western Journal of Emergency Medicine</i> , 2020 , 21, 858-865	3.3	2
83	The Association Between Telemedicine and Emergency Department (ED) Disposition: A Stepped Wedge Design of an ED-Based Telemedicine Program in Critical Access Hospitals. <i>Journal of Rural Health</i> , 2020 , 36, 360-370	4.6	7
82	Urban and Rural Emergency Department Performance on National Quality Metrics for Sepsis Care in the United States. <i>Journal of Rural Health</i> , 2019 , 35, 490-497	4.6	4
81	Opportunities for achieving resuscitation goals during the inter-emergency department transfer of severe sepsis patients by emergency medical services: A case series. <i>Journal of Critical Care</i> , 2019 , 52, 163-165	4	1
80	Telemedicine for Early Treatment of Sepsis 2019 , 255-280		3
79	Machine Learning in Relation to Emergency Medicine Clinical and Operational Scenarios: An Overview. <i>Western Journal of Emergency Medicine</i> , 2019 , 20, 219-227	3.3	20
78	End-tidal CO Monitoring is Available in Most Community Hospitals in a Rural State: A Health System Survey. <i>Western Journal of Emergency Medicine</i> , 2019 , 20, 232-236	3.3	1
77	Validation of a Clinical Decision Rule to Identify Risk Factors Associated With Multidrug-Resistant Urinary Pathogens in the Emergency Department. <i>Annals of Pharmacotherapy</i> , 2019 , 53, 56-60	2.9	3
76	Heart rate variability in the risk stratification of emergency department patients with chest pain. <i>American Journal of Emergency Medicine</i> , 2019 , 37, 363-365	2.9	
75	Telemedicine Is Associated with Faster Diagnostic Imaging in Stroke Patients: A Cohort Study. <i>Telemedicine Journal and E-Health</i> , 2019 , 25, 93-100	5.9	15
74	Normal Saline Solution and Lactated Ringer® Solution Have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial. <i>Annals of Emergency Medicine</i> , 2019 , 73, 160-169	2.1	5
73	Evaluation of emergency department derived delirium prediction models using a hospital-wide cohort. <i>Journal of Psychosomatic Research</i> , 2019 , 127, 109850	4.1	4
72	Protocol for a prospective, observational cohort study of awareness in mechanically ventilated patients admitted from the emergency department: the ED-AWARENESS study. <i>BMJ Open</i> , 2019 , 9, e033379	3	1

71	Concurrent Proximal Fractures Are Rare in Distal Forearm Fractures: A National Cross-sectional Study. <i>Western Journal of Emergency Medicine</i> , 2019 , 20, 747-759	3.3	
70	Telemedicine is associated with rapid transfer and fewer involuntary holds among patients presenting with suicidal ideation in rural hospitals: a propensity matched cohort study. <i>Journal of Epidemiology and Community Health</i> , 2019 , 73, 1033-1039	5.1	7
69	The ED-SED Study: A Multicenter, Prospective Cohort Study of Practice Patterns and Clinical Outcomes Associated With Emergency Department SEDation for Mechanically Ventilated Patients. <i>Critical Care Medicine</i> , 2019 , 47, 1539-1548	1.4	17
68	Central Venous Access Capability and Critical Care Telemedicine Decreases Inter-Hospital Transfer Among Severe Sepsis Patients: A Mixed Methods Design. <i>Critical Care Medicine</i> , 2019 , 47, 659-667	1.4	6
67	Telemedicine Physical Examination Utilizing a Consumer Device Demonstrates Poor Concordance with In-Person Physical Examination in Emergency Department Patients with Sore Throat: A Prospective Blinded Study. <i>Telemedicine Journal and E-Health</i> , 2018 , 24, 790-796	5.9	15
66	Clinical and epidemiological variability in severe sepsis: an ecological study. <i>Journal of Epidemiology and Community Health</i> , 2018 , 72, 741-745	5.1	4
65	Key High-efficiency Practices of Emergency Department Providers: A Mixed-methods Study. <i>Academic Emergency Medicine</i> , 2018 , 25, 795-803	3.4	9
64	Association Between Partial Pressure of Arterial Carbon Dioxide and Survival to Hospital Discharge Among Patients Diagnosed With Sepsis in the Emergency Department. <i>Critical Care Medicine</i> , 2018 , 46, e213-e220	1.4	13
63	Thirty-day hospital readmissions among mechanically ventilated emergency department patients. <i>Emergency Medicine Journal</i> , 2018 , 35, 252-256	1.5	3
62	Emergency Department Telemedicine Shortens Rural Time-To-Provider and Emergency Department Transfer Times. <i>Telemedicine Journal and E-Health</i> , 2018 , 24, 582-593	5.9	32
61	Using continuous quantitative capnography for emergency department procedural sedation: a systematic review and cost-effectiveness analysis. <i>Internal and Emergency Medicine</i> , 2018 , 13, 75-85	3.7	2
60	Telemedicine Use Decreases Rural Emergency Department Length of Stay for Transferred North Dakota Trauma Patients. <i>Telemedicine Journal and E-Health</i> , 2018 , 24, 194-202	5.9	28
59	Serum anion gap predicts lactate poorly, but may be used to identify sepsis patients at risk for death: A cohort study. <i>Journal of Critical Care</i> , 2018 , 44, 223-228	4	18
58	Safety of Back-Transfer to Local Hospitals During an Acute Care Hospitalization. <i>Journal of Rural Health</i> , 2018 , 34, 431-438	4.6	
57	Pulmonary Mechanics and Mortality in Mechanically Ventilated Patients Without Acute Respiratory Distress Syndrome: A Cohort Study. <i>Shock</i> , 2018 , 49, 311-316	3.4	24
56	Diagnosis and Treatment of Acute Respiratory Distress Syndrome. <i>JAMA - Journal of the American Medical Association</i> , 2018 , 320, 305-306	27.4	1
55	Emergency department hyperoxia is associated with increased mortality in mechanically ventilated patients: a cohort study. <i>Critical Care</i> , 2018 , 22, 9	10.8	63
54	The authors reply. <i>Critical Care Medicine</i> , 2018 , 46, e718-e719	1.4	

53	Factors associated with availability of anticoagulation reversal agents in rural and community emergency departments. <i>American Journal of Health-System Pharmacy</i> , 2018 , 75, 72-77	2.2	8
52	Emergency department charges may be associated with mortality in patients with severe sepsis and septic shock: a cohort study. <i>BMC Emergency Medicine</i> , 2018 , 18, 62	2.4	3
51	Protocol for a multicentre, prospective cohort study of practice patterns and clinical outcomes associated with emergency department sedation for mechanically ventilated patients: the ED-SED Study. <i>BMJ Open</i> , 2018 , 8, e023423	3	5
50	Esophageal Perforation After Failed Prehospital Intubation. <i>Clinical Practice and Cases in Emergency Medicine</i> , 2018 , 2, 255-257	0.9	2
49	Reduced Computed Tomography Use in the Emergency Department Evaluation of Headache Was Not Followed by Increased Death or Missed Diagnosis. <i>Western Journal of Emergency Medicine</i> , 2018 , 19, 319-326	3.3	3
48	Lung-Protective Ventilation Initiated in the Emergency Department (LOV-ED): A Quasi-Experimental, Before-After Trial. <i>Annals of Emergency Medicine</i> , 2017 , 70, 406-418.e4	2.1	55
47	Emergency Department Telemedicine Is Used for More Severely Injured Rural Trauma Patients, but Does Not Decrease Transfer: A Cohort Study. <i>Academic Emergency Medicine</i> , 2017 , 24, 177-185	3.4	21
46	Rural Patients With Severe Sepsis or Septic Shock Who Bypass Rural Hospitals Have Increased Mortality: An Instrumental Variables Approach. <i>Critical Care Medicine</i> , 2017 , 45, 85-93	1.4	24
45	Partial pressure of arterial carbon dioxide and survival to hospital discharge among patients requiring acute mechanical ventilation: A cohort study. <i>Journal of Critical Care</i> , 2017 , 41, 29-35	4	6
44	A Quasi-Experimental, Before-After Trial Examining the Impact of an Emergency Department Mechanical Ventilator Protocol on Clinical Outcomes and Lung-Protective Ventilation in Acute Respiratory Distress Syndrome. <i>Critical Care Medicine</i> , 2017 , 45, 645-652	1.4	32
43	Vancomycin-resistant Enterococcus colonization does not accurately predict resistant Enterococcus infections. <i>Journal of Critical Care</i> , 2017 , 38, 236	4	
42	Analgesedation Practices and the Impact of Sedation Depth on Clinical Outcomes Among Patients Requiring Mechanical Ventilation in the ED: A Cohort Study. <i>Chest</i> , 2017 , 152, 963-971	5.3	31
41	Telemedicine-Assisted Intubation in Rural Emergency Departments: A National Emergency Airway Registry Study. <i>Telemedicine Journal and E-Health</i> , 2017 , 23, 290-297	5.9	17
40	Antimicrobial Therapy for Pneumonia in the Emergency Department: The Impact of Clinical Pharmacists on Appropriateness. <i>Western Journal of Emergency Medicine</i> , 2017 , 18, 856-863	3.3	4
39	Against the current: back-transfer as a mechanism for rural regionalization. <i>American Journal of Managed Care</i> , 2017 , 23, e287-e294	2.1	1
38	Lung-protective ventilation initiated in the emergency department (LOV-ED): a study protocol for a quasi-experimental, before-after trial aimed at reducing pulmonary complications. <i>BMJ Open</i> , 2016 , 6, e010991	3	14
37	Potentially Avoidable Pediatric Interfacility Transfer Is a Costly Burden for Rural Families: A Cohort Study. <i>Academic Emergency Medicine</i> , 2016 , 23, 885-94	3.4	40
36	No Decrease in Early Ventilator-Associated Pneumonia After Early Use of Chlorhexidine. <i>American Journal of Critical Care</i> , 2016 , 25, 173-7	1.7	5

35	Telemedicine Provides Noninferior Research Informed Consent for Remote Study Enrollment: A Randomized Controlled Trial. <i>Academic Emergency Medicine</i> , 2016 , 23, 759-65	3-4	24
34	Urinary Squamous Epithelial Cells Do Not Accurately Predict Urine Culture Contamination, but May Predict Urinalysis Performance in Predicting Bacteriuria. <i>Academic Emergency Medicine</i> , 2016 , 23, 323-30	3-4	19
33	Inter-hospital transfer is associated with increased mortality and costs in severe sepsis and septic shock: An instrumental variables approach. <i>Journal of Critical Care</i> , 2016 , 36, 187-194	4	32
32	Discordance Between Patient and Clinician Experiences and Priorities in Rural Interhospital Transfer: A Mixed Methods Study. <i>Journal of Rural Health</i> , 2016 , 32, 25-34	4-6	15
31	The use of inhaled prostaglandins in patients with ARDS: a systematic review and meta-analysis. <i>Chest</i> , 2015 , 147, 1510-1522	5-3	64
30	Prehospital tidal volume influences hospital tidal volume: A cohort study. <i>Journal of Critical Care</i> , 2015 , 30, 495-501	4	19
29	A clinical decision rule identifies risk factors associated with antimicrobial-resistant urinary pathogens in the emergency department: a retrospective validation study. <i>Annals of Pharmacotherapy</i> , 2015 , 49, 649-55	2-9	17
28	Mechanical Ventilation and ARDS in the ED: A Multicenter, Observational, Prospective, Cross-sectional Study. <i>Chest</i> , 2015 , 148, 365-374	5-3	45
27	Sepsis-associated pulmonary complications in emergency department patients monitored with serial lactate: An observational cohort study. <i>Journal of Critical Care</i> , 2015 , 30, 1163-8	4	10
26	Achieving regionalization through rural interhospital transfer. <i>American Journal of Emergency Medicine</i> , 2015 , 33, 1288-96	2-9	30
25	The impact of cardiac dysfunction on acute respiratory distress syndrome and mortality in mechanically ventilated patients with severe sepsis and septic shock: an observational study. <i>Journal of Critical Care</i> , 2015 , 30, 65-70	4	12
24	Interhospital Transfer Delays Appropriate Treatment for Patients With Severe Sepsis and Septic Shock: A Retrospective Cohort Study. <i>Critical Care Medicine</i> , 2015 , 43, 2589-96	1-4	50
23	Importance of Decision Support Implementation in Emergency Department Vancomycin Dosing. <i>Western Journal of Emergency Medicine</i> , 2015 , 16, 557-64	3-3	11
22	Prehospital oral chlorhexidine does not reduce the rate of ventilator-associated pneumonia among critically ill trauma patients: A prospective concurrent-control study. <i>Journal of Critical Care</i> , 2015 , 30, 787-92	4	6
21	An evidence-based medicine curriculum implemented in journal club improves resident performance on the Fresno test. <i>Journal of Emergency Medicine</i> , 2015 , 48, 222-229.e1	1-5	19
20	Duration of prehospital intubation is not a risk factor for development of early ventilator-associated pneumonia. <i>Journal of Critical Care</i> , 2014 , 29, 539-44	4	7
19	Response. <i>Chest</i> , 2014 , 145, 667	5-3	
18	Limiting acute respiratory distress syndrome in the emergency department: a survey of US academic emergency medicine physicians. <i>European Journal of Emergency Medicine</i> , 2014 , 21, 387-8	2-3	2

17	Reducing the burden of acute respiratory distress syndrome: the case for early intervention and the potential role of the emergency department. <i>Shock</i> , 2014 , 41, 378-87	3.4	19
16	Characterizing critical care physician staffing in rural America: a description of Iowa intensive care unit staffing. <i>Journal of Critical Care</i> , 2014 , 29, 194-8	4	11
15	Mechanical ventilation and acute lung injury in emergency department patients with severe sepsis and septic shock: an observational study. <i>Academic Emergency Medicine</i> , 2013 , 20, 659-69	3.4	52
14	Emergency Department vancomycin use: dosing practices and associated outcomes. <i>Journal of Emergency Medicine</i> , 2013 , 44, 910-8	1.5	26
13	Continuous capnography should be used for every emergency department procedural sedation. <i>Annals of Emergency Medicine</i> , 2013 , 61, 697-8	2.1	7
12	Lower tidal volume at initiation of mechanical ventilation may reduce progression to acute respiratory distress syndrome: a systematic review. <i>Critical Care</i> , 2013 , 17, R11	10.8	71
11	Protective ventilation for patients without acute respiratory distress syndrome. <i>JAMA - Journal of the American Medical Association</i> , 2013 , 309, 654	27.4	3
10	Point: Should antipyretic therapy be given routinely to febrile patients in septic shock? Yes. <i>Chest</i> , 2013 , 144, 1096-1098	5.3	11
9	Increased mortality with early therapeutic hypothermia after cardiac arrest - a case study in allocation bias. <i>Resuscitation</i> , 2012 , 83, e221; author reply e223	4	
8	Low tidal volume ventilation should be the routine ventilation strategy of choice for all emergency department patients. <i>Annals of Emergency Medicine</i> , 2012 , 60, 215-6	2.1	8
7	Early antipyretic exposure does not increase mortality in patients with gram-negative severe sepsis: a retrospective cohort study. <i>Internal and Emergency Medicine</i> , 2012 , 7, 463-70	3.7	11
6	Change in temperature profile may precede fever and be an early indicator of sepsis: a case report. <i>Shock</i> , 2011 , 36, 318-20; discussion 320-1	3.4	3
5	Generational influences in academic emergency medicine: teaching and learning, mentoring, and technology (part I). <i>Academic Emergency Medicine</i> , 2011 , 18, 190-9	3.4	50
4	Generational influences in academic emergency medicine: structure, function, and culture (Part II). <i>Academic Emergency Medicine</i> , 2011 , 18, 200-7	3.4	13
3	Clinical and demographic factors associated with antipyretic use in gram-negative severe sepsis and septic shock. <i>Annals of Pharmacotherapy</i> , 2011 , 45, 1207-16	2.9	6
2	The "Double Eights Mask Brace" Improves the Fit and Protection and Protection of a Basic Surgical Mask Amidst Covid-19 Pandemic		2
1	Prediction Models for Severe Manifestations and Mortality due to COVID-19: A Rapid Systematic Review		1