## Tyler W Barrett, Msci

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/8134105/publications.pdf

Version: 2024-02-01

129 papers 1,444 citations

361045 20 h-index 34 g-index

129 all docs

129 docs citations

129 times ranked 1948 citing authors

| #  | Article   | IF  | Citations |
|----|---|-----|-----------|
| 1  | Assessment of a Naloxone Coprescribing Alert for Patients at Risk of Opioid Overdose: A Quality Improvement Project. Anesthesia and Analgesia, 2022, Publish Ahead of Print, .  | 1.1 | 8         |
| 2  | To Bougie or Not to Bougie: Bougie versus Stylet for First-Pass Intubation Success. Annals of Emergency Medicine, 2022, 79, 409-411.  | 0.3 | 0         |
| 3  | Catching Those Who Fall Through the Cracks: Integrating a Follow-Up Process for Emergency Department Patients with Incidental Radiologic Findings. Annals of Emergency Medicine, 2022, 80, 235-242.   | 0.3 | 9         |
| 4  | Co-detection of SARS-CoV-2 with Secondary Respiratory Pathogen Infections. Journal of General Internal Medicine, 2021, 36, 1159-1160.   | 1.3 | 2         |
| 5  | Antibiotics Versus Appendectomy for Acute Appendicitis: Are Antibiotics Really Noninferior?. Annals of Emergency Medicine, 2021, 77, 378-380.   | 0.3 | O         |
| 6  | Chronic Obstructive Pulmonary Disease in the Emergency Department: What Are We Missing?. Annals of Emergency Medicine, 2021, 77, 550-551.   | 0.3 | 0         |
| 7  | Description of the Use of Incentives and Penalties for Point-of-Care Ultrasound Documentation Compliance in an Academic Emergency Department. Cureus, 2021, 13, e16199.   | 0.2 | 1         |
| 8  | LVSâ∈HARMED Risk Score for Incident Heart Failure in Patients With Atrial Fibrillation Who Present to the Emergency Department: Data from a Worldâ∈Wide Registry. Journal of the American Heart Association, 2021, 10, e017735.                 | 1.6 | 4         |
| 9  | Impact of an Asynchronous Spaced Education Learning Intervention on Emergency Medicine Clinician Opioid Prescribing. Cureus, 2021, 13, e18165.  | 0.2 | 2         |
| 10 | Predicting Outcomes in Pediatric Pneumonia: Are We Omnipotent or Incompetent?. Annals of Emergency Medicine, 2021, 78, 570-571.   | 0.3 | 0         |
| 11 | A model for rapid emergency department expansion for the COVID-19 pandemic. American Journal of Emergency Medicine, 2020, 38, 2065-2069.  | 0.7 | 5         |
| 12 | Managing sedation in the mechanically ventilated emergency department patient: a clinical review. Journal of the American College of Emergency Physicians Open, 2020, 1, 263-269.   | 0.4 | 1         |
| 13 | A Hard Day's Night: Exhaustion and Errors in Resident Work Hours. Annals of Emergency Medicine, 2020, 76, 683-685.  | 0.3 | O         |
| 14 | Emergency department cardioversion of acute atrial fibrillation. Lancet, The, 2020, 396, 885.   | 6.3 | 0         |
| 15 | Characteristics and outcomes of atrial fibrillation in patients without traditional risk factors: an RE-LY AF registry analysis. Europace, 2020, 22, 870-877.   | 0.7 | 13        |
| 16 | Stop the Clot: Should Emergency Clinicians Champion Stroke Prevention and Prescribe Anticoagulation for Patients With Atrial Fibrillation?. Annals of Emergency Medicine, 2019, 73, 419-421.  | 0.3 | 0         |
| 17 | Active management of atrial fibrillation or flutter in emergency department patients with renal impairment is associated with a higher risk of adverse events and treatment failure. Canadian Journal of Emergency Medicine, 2019, 21, 352-360. | 0.5 | 1         |
| 18 | What Role Has Emergency Medicine Played in the Opioid Epidemic: Partner in Crime or Canary in the Coal Mine?. Annals of Emergency Medicine, 2018, 71, 426-428.  | 0.3 | 2         |

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|----|---|-----|-----------|
| 19 | Impact of revised triage to improve throughput in an ED with limited traditional fast track population. American Journal of Emergency Medicine, 2018, 36, 124-127.                              | 0.7 | 18        |
| 20 | Measuring Emergency Department Acuity. Academic Emergency Medicine, 2018, 25, 65-75.  | 0.8 | 21        |
| 21 | Outpatient Pulmonary Embolism Management: If YouÂWalk Into the Emergency Department With aÂPulmonary Embolism, Maybe You Should Also WalkÂOut. Annals of Emergency Medicine, 2018, 72, 725-730. | 0.3 | 0         |
| 22 | Implementation of an Opioid Detoxification Management Pathway Reduces Emergency Department Length of Stay. Academic Emergency Medicine, 2018, 25, 1157-1163.                                    | 0.8 | 4         |
| 23 | Outpatient Pulmonary Embolism Management: If You Walk Into the Emergency Department With a Pulmonary Embolism, Maybe You Should Also Walk Out. Annals of Emergency Medicine, 2018, 72, 100-101. | 0.3 | 0         |
| 24 | What Role Has Emergency Medicine Played in the Opioid Epidemic? Partner in Crime or Canary in the Coal Mine?. Annals of Emergency Medicine, 2018, 72, 214-221.                                  | 0.3 | 2         |
| 25 | Enlisting Emergency Medicine Clinicians to Help Reduce Strokes in Highâ€Risk Patients With Atrial Fibrillation and Flutter. Clinical Pharmacology and Therapeutics, 2018, 104, 613-614.         | 2.3 | 3         |
| 26 | Surface ECG f Wave Analysis at Initial Onset of Paroxysmal and Persistent Atrial Fibrillation. Journal of Cardiovascular Electrophysiology, 2017, 28, 498-503.                                  | 0.8 | 4         |
| 27 | Renal Function and Scaled Troponin in Patients Presenting to the Emergency Department with Symptoms of Myocardial Infarction. American Journal of Nephrology, 2017, 45, 304-309.                | 1.4 | 13        |
| 28 | One and Done: Steroids for Adult Asthma. Annals of Emergency Medicine, 2017, 69, 503-512.   | 0.3 | 0         |
| 29 | Loperamide Will Stop You Up but It Can Also BringÂYouÂDown. Annals of Emergency Medicine, 2017, 69, 786-791.  | 0.3 | 1         |
| 30 | Comparison of Etomidate and Ketamine for Induction During Rapid Sequence Intubation ofÂAdult Trauma Patients. Annals of Emergency Medicine, 2017, 69, 24-33.e2.                                 | 0.3 | 69        |
| 31 | Loperamide Will Stop You Up but It Can Also BringÂYouÂDown. Annals of Emergency Medicine, 2017, 69, 142-143.  | 0.3 | 0         |
| 32 | Nonoperative Management of Appendicitis: A Paradigm Shift?. Annals of Emergency Medicine, 2017, 70, 915-920.  | 0.3 | 0         |
| 33 | Nonoperative Management of Appendicitis: AÂParadigmÂShift?. Annals of Emergency Medicine, 2017, 70, 101-102.  | 0.3 | 0         |
| 34 | Delayed intracranial hemorrhage after head trauma in patients on direct-acting oral anticoagulants. American Journal of Emergency Medicine, 2017, 35, 377.e1-377.e2.                            | 0.7 | 12        |
| 35 | An Outpatient Management Protocol for Emergency Department Patients With a Newly Diagnosed Lower Extremity Deep Venous Thrombosis. Critical Pathways in Cardiology, 2016, 15, 75-76.            | 0.2 | 3         |
| 36 | Finding Factors Associated With Post–Emergency Department Morbidity and Mortality in Elderly Patients: Analyzing a Case-Control Study. Annals of Emergency Medicine, 2016, 68, 772-777.         | 0.3 | 0         |

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|----|--|-----|-----------|
| 37 | Move Over Morphine: Is Ketamine an Effective and SafeÂAlternativeÂforÂTreating Acute Pain?. Annals of Emergency Medicine, 2016, 67, 289-294.   | 0.3 | 7         |
| 38 | Cleaning Out Practice Myths: Another Emergency Medicine Treatment Debunked. Annals of Emergency Medicine, 2016, 67, 411-412.   | 0.3 | 0         |
| 39 | Cleaning Out Practice Myths: Another Emergency Medicine Treatment Debunked. Annals of Emergency Medicine, 2016, 68, 238-243.   | 0.3 | 0         |
| 40 | The 2016 Academic Emergency Medicine Consensus Conference, "Shared Decision Making in the Emergency Department: Development of a Policyâ€relevant Patientâ€centered Research Agendaâ€Diagnostic Testing Breakout Session Report. Academic Emergency Medicine, 2016, 23, 1354-1361. | 0.8 | 11        |
| 41 | One and Done: Steroids for Adult Asthma. Annals of Emergency Medicine, 2016, 68, 636-637.  | 0.3 | 0         |
| 42 | Association of atrial fibrillation risk alleles and response to acute rate control therapy. American Journal of Emergency Medicine, 2016, 34, 735-740.   | 0.7 | 5         |
| 43 | Plasma bioactive adrenomedullin as a prognostic biomarker in acute heart failure. American Journal of Emergency Medicine, 2016, 34, 257-262.   | 0.7 | 36        |
| 44 | Comparison of Clinical Prediction Models for Resistant Bacteria in Communityâ€onset Pneumonia.<br>Academic Emergency Medicine, 2015, 22, 730-740.  | 0.8 | 22        |
| 45 | External validation of an ED protocol for reflex urine culture cancelation. American Journal of Emergency Medicine, 2015, 33, 1838-1839.   | 0.7 | 15        |
| 46 | Full of Hot Air? Do Patients With Large Spontaneous Pneumothoraces Require Hospitalization?. Annals of Emergency Medicine, 2015, 65, 224-230.  | 0.3 | 3         |
| 47 | Managing Atrial Fibrillation. Annals of Emergency Medicine, 2015, 65, 532-539.   | 0.3 | 19        |
| 48 | Emergency Department Management of AtrialÂFibrillation in the UnitedÂStates Versus Ontario, Canada. Journal of the American College of Cardiology, 2015, 65, 2258-2260.  | 1.2 | 29        |
| 49 | Do Survey Results Reflect the Truth or a Biased Opinion on Emergency Department Care?. Annals of Emergency Medicine, 2015, 65, 458-463.  | 0.3 | 2         |
| 50 | The AFFORD Clinical Decision Aid to Identify Emergency Department Patients With Atrial Fibrillation at Low Risk for 30-Day Adverse Events. American Journal of Cardiology, 2015, 115, 763-770.   | 0.7 | 24        |
| 51 | Move Over Morphine: Is Ketamine an Effective and Safe Alternative for Treating Acute Pain?. Annals of Emergency Medicine, 2015, 66, 336-337.   | 0.3 | 0         |
| 52 | Thirty-day mortality in ED patients with new onset atrial fibrillation and actively treated cancer. American Journal of Emergency Medicine, 2015, 33, 1483-1488.   | 0.7 | 14        |
| 53 | Validation of the Risk Estimator Decision Aid for Atrial Fibrillation (RED-AF) for Predicting 30-Day Adverse Events in Emergency Department Patients With Atrial Fibrillation. Annals of Emergency Medicine, 2015, 65, 13-21.e3.   | 0.3 | 19        |
| 54 | Reply. JACC: Heart Failure, 2014, 2, 675.  | 1.9 | 4         |

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|----|--|-----|-----------|
| 55 | Measuring and Explaining Computed Tomography Use in the United States and Canada: A Consideration of Health Economics and Use Versus Appropriateness, and Interpreting Potential Conflict of Interest.  Annals of Emergency Medicine, 2014, 63, 479-489. | 0.3 | 2         |
| 56 | Usefulness of a Low CHADS2 or CHA2DS2-VASc Score to Predict Normal Diagnostic Testing in Emergency Department Patients With an Acute Exacerbation of Previously Diagnosed Atrial Fibrillation. American Journal of Cardiology, 2014, 113, 1668-1673.     | 0.7 | 2         |
| 57 | The Burden of Acute Heart Failure on U.S. Emergency Departments. JACC: Heart Failure, 2014, 2, 269-277.  | 1.9 | 176       |
| 58 | Reducing Blood Culture Contamination in Community Hospital Emergency Departments: A Multicenter Evaluation of a Quality Improvement Intervention. Academic Emergency Medicine, 2014, 21, 274-282.  | 0.8 | 38        |
| 59 | Do Survey Results Reflect the Truth or a Biased Opinion on Emergency Department Care?. Annals of Emergency Medicine, 2014, 64, 557-558.  | 0.3 | 1         |
| 60 | Full of Hot Air? Do Patients With Large Spontaneous Pneumothoraces Require Hospitalization?. Annals of Emergency Medicine, 2014, 64, 328-329.  | 0.3 | 1         |
| 61 | The high burden of pneumonia on US emergency departments during the 2009 influenza pandemic.<br>Journal of Infection, 2014, 68, 156-164.   | 1.7 | 8         |
| 62 | Do More Rules Make Us Safer? Clinical Decision Rules, Patient Safety,Âand the Role of Emergency Physicians in Health Care. Annals of Emergency Medicine, 2014, 63, 84-85.  | 0.3 | 1         |
| 63 | Do More Rules Make Us Safer? Clinical Decision Rules, Patient Safety, and the Role of Emergency Physicians in Health Care. Annals of Emergency Medicine, 2014, 63, 774-781.  | 0.3 | 1         |
| 64 | Details in Operational Definitions of Length of Visit and Boarding Variables in the National Hospital Ambulatory Medical Care Survey. Annals of Emergency Medicine, 2013, 62, 548-549.   | 0.3 | 1         |
| 65 | Cervical Spine Injury: Analysis and Comparison of Patients by Mode of Transportation. Journal of Emergency Medicine, 2013, 44, 287-291.  | 0.3 | 3         |
| 66 | Predictors of Regional Variations in Hospitalizations Following Emergency Department Visits for Atrial Fibrillation. American Journal of Cardiology, 2013, 112, 1410-1416.   | 0.7 | 30        |
| 67 | Anticoagulation for Emergency Department Patients With Atrial Fibrillation: Is Our Duty to Inform or Prescribe?. Annals of Emergency Medicine, 2013, 62, 566-568.  | 0.3 | 18        |
| 68 | Continuing Care for Patients Choosing the Emergency Department as a Site for Primary Care: Feasibility, Benefits, and EMTALA Considerations. Annals of Emergency Medicine, 2013, 61, 322-323.  | 0.3 | 1         |
| 69 | Are 2 Drugs Better Than 1 for Acute Agitation? A Discussion on Black Box Warnings, Waiver of Informed Consent, and the Ethics of Enrolling Impaired Subjects in Clinical Trials. Annals of Emergency Medicine, 2013, 61, 708-716.                        | 0.3 | 2         |
| 70 | Continuing Care for Patients Choosing the Emergency Department as a Site for Primary Care: Feasibility, Benefits, and EMTALA Considerations. Annals of Emergency Medicine, 2013, 62, 187-193.  | 0.3 | 0         |
| 71 | Evaluating the HATCH score for predicting progression to sustained atrial fibrillation in ED patients with new atrial fibrillation. American Journal of Emergency Medicine, 2013, 31, 792-797.   | 0.7 | 17        |
| 72 | A 10-month-old with Lemierre syndrome complicated by purulent pericarditis. American Journal of Emergency Medicine, 2013, 31, 274.e5-274.e7.   | 0.7 | 13        |

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| 73 | Are Two Drugs Better Than One For Acute Agitation? A Discussion On Black Box Warnings, Waiver of Informed Consent, and the Ethics of Enrolling Impaired Subjects in Clinical Trials. Annals of Emergency Medicine, 2013, 61, 82-83.                  | 0.3 | 4         |
| 74 | Measuring and Explaining Computed Tomography Use in the United States and Canada: A Consideration of Health Economics, Use Versus Appropriateness, and Interpreting Potential Conflict of Interest. Annals of Emergency Medicine, 2013, 62, 545-546. | 0.3 | 4         |
| 75 | Rates of Emergency Department Visits Due to Pneumonia in the United States, July 2006-June 2009. Academic Emergency Medicine, 2013, 20, 957-960.   | 0.8 | 40        |
| 76 | Predictors of Ambulance Transport in Patients with ST-Elevation Myocardial Infarction. Prehospital and Disaster Medicine, 2012, 27, 226-230.   | 0.7 | 6         |
| 77 | Assessment of the Framingham risk factors among ED patients with newly diagnosed atrial fibrillation. American Journal of Emergency Medicine, 2012, 30, 151-157.   | 0.7 | 1         |
| 78 | Prevalence of validated risk factors for developing atrial fibrillationâ€"can we identify high-risk ED patients?. American Journal of Emergency Medicine, 2012, 30, 1581-1587.   | 0.7 | 1         |
| 79 | Risk Factors for Bradycardia Requiring Pacemaker Implantation in Patients With Atrial Fibrillation.<br>American Journal of Cardiology, 2012, 110, 1315-1321.   | 0.7 | 23        |
| 80 | Some Think Antibiotics Are Candy, But We Know They're Not. Annals of Emergency Medicine, 2012, 60, 528-534.  | 0.3 | 0         |
| 81 | Is "PERC Negative―Adequate to Rule Out Pulmonary Embolism in the Emergency Department? Evaluating Meta-analysis for Studies of Clinical Prediction Models. Annals of Emergency Medicine, 2012, 60, 803-814.  | 0.3 | 3         |
| 82 | A Tale of Two Steroids. Annals of Emergency Medicine, 2012, 59, 147-155.   | 0.3 | 1         |
| 83 | Preparing Your Emergency Department for the New CMS Metrics: Collecting and Comparing the Data. Annals of Emergency Medicine, 2012, 59, 11-12.   | 0.3 | 4         |
| 84 | Computed Tomography Imaging in the Emergency Department: Benefits, Risks and Risk Ratios. Annals of Emergency Medicine, 2012, 59, 328-334.   | 0.3 | 5         |
| 85 | Preparing Your Emergency Department for the New CMS Metrics: Collecting and Comparing the Data. Annals of Emergency Medicine, 2012, 59, 549-555.   | 0.3 | 0         |
| 86 | Some Think Antibiotics are Candy, But We Know They're Not. Annals of Emergency Medicine, 2012, 59, 440-441.  | 0.3 | 0         |
| 87 | Is "PERC Negative―Adequate to Rule Out Pulmonary Embolism in the Emergency Department? Evaluating Meta-analysis for Studies of Clinical Prediction Models. Annals of Emergency Medicine, 2012, 60, 129-131.  | 0.3 | 3         |
| 88 | Prediction of blunt traumatic injury in high-acuity patients: bedside examination vs computed tomography. American Journal of Emergency Medicine, 2011, 29, 1-10.  | 0.7 | 52        |
| 89 | A randomized, placebo-controlled trial of ondansetron, metoclopramide, and promethazine in adults.<br>American Journal of Emergency Medicine, 2011, 29, 247-255.   | 0.7 | 51        |
| 90 | Atrial fibrillation and flutter outcomes and risk determination (AFFORD): Design and rationale. Journal of Cardiology, 2011, 58, 124-130.  | 0.8 | 9         |

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| 91  | Computed Tomography Imaging in the Emergency Department: Benefits, Risks and Risk Ratios. Annals of Emergency Medicine, 2011, 58, 463-464.  | 0.3 | 6         |
| 92  | Treatments for reversing warfarin anticoagulation in patients with acute intracranial hemorrhage: a structured literature review. International Journal of Emergency Medicine, 2011, 4, 40.     | 0.6 | 38        |
| 93  | A Clinical Prediction Model to Estimate Risk for 30-Day Adverse Events in Emergency Department Patients With Symptomatic Atrial Fibrillation. Annals of Emergency Medicine, 2011, 57, 1-12.     | 0.3 | 56        |
| 94  | Investigating Rare Events and a Discussion on Waiting Room Chest Pain Evaluations. Annals of Emergency Medicine, 2011, 57, 410-416.   | 0.3 | 2         |
| 95  | Shining Light on Pupillary Response After Paralysis and the Role of Case Series in Clinical Research. Annals of Emergency Medicine, 2011, 57, 238-239.  | 0.3 | O         |
| 96  | Shining Light on Pupillary Response After Paralysis and the Role of Case Series in Clinical Research. Annals of Emergency Medicine, 2011, 58, 210-215.  | 0.3 | 1         |
| 97  | Outcome Measures, Interim Analyses, and Bayesian Approaches to Randomized Trials. Annals of Emergency Medicine, 2010, 55, 216-224.e1.   | 0.3 | 10        |
| 98  | Clinical Prediction Rules. Annals of Emergency Medicine, 2010, 55, 380-389.   | 0.3 | 7         |
| 99  | Journal Club: Is the Golden Hour Tarnished? Registries and Multivariable Regression. Annals of Emergency Medicine, 2010, 55, 247-248.   | 0.3 | 5         |
| 100 | Is the Golden Hour Tarnished? Registries and Multivariable Regression. Annals of Emergency Medicine, 2010, 56, 188-200.   | 0.3 | 10        |
| 101 | Novel Biomarkers: Help or Hindrance to Patient Care in the Emergency Department?. Annals of Emergency Medicine, 2010, 56, 60-61.  | 0.3 | 2         |
| 102 | Novel Biomarkers: Help or Hindrance to Patient Care in the Emergency Department?. Annals of Emergency Medicine, 2010, 56, 692-700.  | 0.3 | 3         |
| 103 | Investigating Rare Events and a Discussion on Waiting Room Chest Pain Evaluations. Annals of Emergency Medicine, 2010, 56, 463-464.   | 0.3 | 0         |
| 104 | Decision Instrument for the Isolation of Pneumonia Patients With Suspected Pulmonary Tuberculosis Admitted Through US Emergency Departments. Annals of Emergency Medicine, 2009, 53, 625-632.   | 0.3 | 26        |
| 105 | Out-of-Hospital Continuous Positive Airway Pressure Ventilation Versus Usual Care in Acute Respiratory Failure: A Randomized Controlled Trial. Annals of Emergency Medicine, 2009, 53, 272-283. | 0.3 | 1         |
| 106 | The National Report Card on the State of Emergency Medicine: Evaluating the Emergency Care Environment State by State 2009 Edition. Annals of Emergency Medicine, 2009, 53, 149-150.            | 0.3 | 0         |
| 107 | Empiric Antibiotic Therapy for Sepsis Patients: Monotherapy With β-Lactam or β-Lactam Plus an Aminoglycoside?. Annals of Emergency Medicine, 2009, 53, 536-543.                                 | 0.3 | 2         |
| 108 | The National Report Card on the State of Emergency Medicine. Annals of Emergency Medicine, 2009, 53, 828-834.   | 0.3 | 10        |

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|-----|--|-----|-----------|
| 109 | Pollack CV, Varon J, Garrison NA, et al. Clevidipine, an Intravenous Dihydropyridine Calcium Channel Blocker, Is Safe and Effective for Treatment of Patients With Acute Severe Hypertension. Annals of Emergency Medicine, 2009, 53, 339-340.   | 0.3 | 5         |
| 110 | Clevidipine, an Intravenous Dihydropyridine Calcium Channel Blocker, Is Safe and Effective for Treatment of Patients With Acute Severe Hypertension. Annals of Emergency Medicine, 2009, 54, 301-307.  | 0.3 | 1         |
| 111 | Journal Club: Outcome Measures, Interim Analyses, and Bayesian Approaches to Randomized Trials.<br>Annals of Emergency Medicine, 2009, 54, 440-441.  | 0.3 | 9         |
| 112 | Journal Club: Clinical Prediction Rules. Annals of Emergency Medicine, 2009, 54, 672-673.  | 0.3 | 4         |
| 113 | Prevalence of incidental findings in trauma patients detected by computed tomography imaging. American Journal of Emergency Medicine, 2009, 27, 428-435.   | 0.7 | 79        |
| 114 | Pines JM, Hollander JE Emergency Department Crowding is Associated with Poor Care for Patients with Severe Pain. Annals of Emergency Medicine, 2008, 51, 6-7.  | 0.3 | 31        |
| 115 | Measures of Emergency Department Crowding, Odds Ratios, and the Dangers of Making Continuous Data Categorical. Annals of Emergency Medicine, 2008, 51, 782-789.  | 0.3 | 16        |
| 116 | Haukoos JS, Hopkins E, Byyny, RL, For the Denver Emergency Department HIV Testing Study Group Patient Acceptance of Rapid HIV Testing Practices in an Urban Emergency Department: Assessment of the 2006 CDC Recommendations for HIV Screening in Health Care Settings. Annals of Emergency Medicine, 2008, 51, 310-311. | 0.3 | 11        |
| 117 | Practical Considerations in HIV Testing in the Emergency Department, Characteristics of Diagnostic Tests, and the Role of Sensitivity Analysis in Observational Studies. Annals of Emergency Medicine, 2008, 52, 170-181.  | 0.3 | 12        |
| 118 | Miller AH, Nazeer S, Pepe P, et al Acutely Decompensated Heart Failure in a County Emergency Department: A Double Blind Randomized Controlled Comparison of Nesiritide Versus Placebo Treatment. Annals of Emergency Medicine, 2008, 51, 580-582.  | 0.3 | 2         |
| 119 | Acutely Decompensated Heart Failure in a County Emergency Department: A Double-Blind Randomized Controlled Comparison of Nesiritide Versus Placebo Treatment. Annals of Emergency Medicine, 2008, 52, 458-472.   | 0.3 | 18        |
| 120 | Huang DT, Weissfeld LA, Kellum JA, et al Risk Prediction With Procalcitonin and Clinical Rules in Community-Acquired Pneumonia. Annals of Emergency Medicine, 2008, 52, 59-60.   | 0.3 | 4         |
| 121 | Thompson J, Petrie DA, Ackroyd-Stolarz S, Bardua DJ Out-of-Hospital Continuous Positive Airway<br>Pressure Ventilation Versus Usual Care in Acute Respiratory Failure: A Randomized Controlled Trial.<br>Annals of Emergency Medicine, 2008, 52, 242-243.  | 0.3 | 5         |
| 122 | Risk Prediction With Procalcitonin and Clinical Rules in Community-Acquired Pneumonia. Annals of Emergency Medicine, 2008, 52, 754-763.  | 0.3 | 0         |
| 123 | Sinert R, Bright L. Empiric Antibiotic Therapy for Sepsis Patients: Monotherapy With β-Lactam or β-Lactam Plus an Aminoglycoside?. Annals of Emergency Medicine, 2008, 52, 561-562.  | 0.3 | 1         |
| 124 | Injuries Missed by Limited Computed Tomographic Imaging of Patients With Cervical Spine Injuries. Annals of Emergency Medicine, 2006, 47, 129-133.   | 0.3 | 30        |
| 125 | Update on emerging infections. Annals of Emergency Medicine, 2004, 43, 43-47.  | 0.3 | 17        |
| 126 | Self-Reported Cardiac Risk Factors in Emergency Department Nurses and Paramedics. Prehospital and Disaster Medicine, 2000, 15, 14-17.  | 0.7 | 17        |

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|-----|--|-----|-----------|
| 127 | Parental Knowledge of Different Acetaminophen Concentrations for Infants and Children. Academic Emergency Medicine, 2000, 7, 718-721.  | 0.8 | 15        |
| 128 | Removal of Cytokine Inducing Substances by Polymyxin-B Immobilized Polystyrene-Derivative Fibers<br>During In Vitro Hemoperfusion of 10% Human Plasma Containing Staphylococcus aureus Challenge.<br>ASAIO Journal, 1998, 44, 48-53. | 0.9 | 38        |
| 129 | Endotoxin Removal by Polymyxin-B Immobilized Polystyrene-Derivative Fibers During In Vitro<br>Hemoperfusion of 10% Human Plasma. ASAIO Journal, 1998, 44, 54.  | 0.9 | 20        |