

Praveen Hariharan

List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/9419337/publications.pdf>

Version: 2024-02-01

11
papers

430
citations

932766

10
h-index

1199166

12
g-index

13
all docs

13
docs citations

13
times ranked

501
citing authors

#	ARTICLE	IF	CITATIONS
1	Changes in treatment and outcomes after creation of a pulmonary embolism response team (PERT), a 10-year analysis. <i>Journal of Thrombosis and Thrombolysis</i> , 2019, 47, 31-40.	1.0	94
2	Diversity in the Pulmonary Embolism Response Team Model. <i>Chest</i> , 2016, 150, 1414-1417.	0.4	72
3	Factors associated with clinical deterioration shortly after PE. <i>Thorax</i> , 2014, 69, 835-842.	2.7	62
4	Assessment of Right Ventricular Strain by Computed Tomography Versus Echocardiography in Acute Pulmonary Embolism. <i>Academic Emergency Medicine</i> , 2017, 24, 337-343.	0.8	50
5	Sensitivity of Erythrocyte Sedimentation Rate and C-reactive Protein for the Exclusion of Septic Arthritis in Emergency Department Patients. <i>Journal of Emergency Medicine</i> , 2011, 40, 428-431.	0.3	41
6	Relation Among Clot Burden, Right-Sided Heart Strain, and Adverse Events After Acute Pulmonary Embolism. <i>American Journal of Cardiology</i> , 2016, 118, 1568-1573.	0.7	32
7	Association between the Pulmonary Embolism Severity Index (PESI) and short-term clinical deterioration. <i>Thrombosis and Haemostasis</i> , 2011, 105, 706-711.	1.8	26
8	Association Between Electrocardiographic Findings, Right Heart Strain, and Short-Term Adverse Clinical Events in Patients With Acute Pulmonary Embolism. <i>Clinical Cardiology</i> , 2015, 38, 236-242.	0.7	18
9	Outcomes considered most important by emergency physicians when determining disposition of patients with pulmonary embolism. <i>International Journal of Emergency Medicine</i> , 2010, 3, 239-264.	0.6	15
10	A Comparison of Patients Diagnosed With Pulmonary Embolism Who Are ≥ 65 Years With Patients < 65 Years. <i>American Journal of Cardiology</i> , 2015, 115, 681-686.	0.7	15
11	Clinical factors associated with massive pulmonary embolism and PE-related adverse clinical events. <i>International Journal of Cardiology</i> , 2021, 330, 194-199.	0.8	3