

Management of victims of urban chemical attack: the Fr

Resuscitation

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Citation Report

#	ARTICLE	IF	CITATIONS
1	Clinical analogies for the management of toxic trauma. Resuscitation, 1999, 42, 117-124.	3.0	15
3	Editorial I. British Journal of Anaesthesia, 2002, 89, 211-214.	3.4	10
4	Effects on Local Emergency Departments of Large-Scale Urban Chemical Fire With Hazardous Materials Spill. Prehospital and Disaster Medicine, 2002, 17, 196-201.	1.3	12
5	The global threat of terrorism and its impact on Australia. EMA - Emergency Medicine Australasia, 2002, 14, 218-229.	1.1	11
6	Medical response to a terrorist attack and weapons of mass destruction. EMA - Emergency Medicine Australasia, 2002, 14, 230-239.	1.1	10
7	The challenges of deliberate chemical/biological attack. Resuscitation, 2003, 58, 293-296.	3.0	7
8	Lack of Hospital Preparedness for Chemical Terrorism in a Major US City: 1996-2000. Prehospital and Disaster Medicine, 2003, 18, 193-199.	1.3	50
9	Nerve Agent Attacks on Children: Diagnosis and Management. Pediatrics, 2003, 112, 648-658.	2.1	84
10	PDM volume 18 issue 3 Cover and Front matter. Prehospital and Disaster Medicine, 2003, 18, f1-f5.	1.3	0
11	Anesthesiologists Should Be Familiar with the Management of Victims of Terrorist Attacks. Anesthesia and Analgesia, 2004, 98, 1743-1745.	2.2	5
12	Civilian Exposure to Toxic Agents: Emergency Medical Response. Prehospital and Disaster Medicine, 2004, 19, 174-178.	1.3	28
13	Current Concepts in Treatment of Agents of Mass Destruction. Refresher Courses in Anesthesiology, 2004, 32, 19-28.	0.1	0
14	Mass casualty triage in the chemical, biological, radiological, or nuclear environment. European Journal of Emergency Medicine, 2005, 12, 287-302.	1.1	69
15	Influence of air-purifying respirators on the simulated first response emergency treatment of CBRN victims. Resuscitation, 2007, 74, 310-316.	3.0	29
17	Emergency response plan of chlorine gas for process plants in Taiwan. Journal of Loss Prevention in the Process Industries, 2008, 21, 393-399.	3.3	25
18	Respiratory protection during high-fidelity simulated resuscitation of casualties contaminated with chemical warfare agents. Anaesthesia, 2008, 63, 593-598.	3.8	16
19	Clinical care in the "Hot Zone". Emergency Medicine Journal, 2008, 25, 108-112.	1.0	35
20	Ethics and International Law. Prehospital and Disaster Medicine, 2008, 23, s94-s95.	1.3	0

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21	Impact of Chemical, Biological, Radiation, and Nuclear Personal Protective Equipment on the performance of low- and high-dexterity airway and vascular access skills. <i>Resuscitation</i> , 2009, 80, 1290-1295.	3.0	62
22	Resource planning for ambulance services in mass casualty incidents: a DES-based policy model. <i>Health Care Management Science</i> , 2012, 15, 254-269.	2.6	33
23	Utility of the Pentax-AWS in performing tracheal intubation while wearing chemical, biological, radiation and nuclear personal protective equipment: a randomised crossover trial using a manikin. <i>Emergency Medicine Journal</i> , 2013, 30, 527-531.	1.0	19
24	Evidence-Based Patient Decontamination: An Integral Component of Mass Exposure Chemical Incident Planning and Response. <i>Disaster Medicine and Public Health Preparedness</i> , 2014, 8, 260-266.	1.3	7
25	Evaluation of an International Disaster Relief Team After Participation in an ASEAN Regional Forum Disaster Relief Exercise. <i>Disaster Medicine and Public Health Preparedness</i> , 2016, 10, 734-738.	1.3	4
26	Insights Into French Emergency Planning, Response, and Resilience Procedures From a Hospital Managerial Perspective Following the Paris Terrorist Attacks of Friday, November 13, 2015. <i>Disaster Medicine and Public Health Preparedness</i> , 2016, 10, 789-794.	1.3	18
27	Influence of personal protective equipment on the performance of life-saving interventions by emergency medical service personnel. <i>Simulation</i> , 2016, 92, 893-898.	1.8	21
28	Chest Compression With Personal Protective Equipment During Cardiopulmonary Resuscitation. <i>Medicine (United States)</i> , 2016, 95, e3262.	1.0	39
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30	Mass Casualty Decontamination in a Chemical or Radiological/Nuclear Incident with External Contamination: Guiding Principles and Research Needs. <i>PLOS Currents</i> , 2015, 7, .	1.4	4
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