Ambulatory ECG Monitoring, Bleeding Disorders, Jaundice, SSRIs in Premenstrual Disorders, Acute Bacterial Arthritis in Children, Anaphylaxis

How does ambulatory ECG monitoring compare with echocardiography in investigating palpitations?

Ambulatory electrocardiography (ECG) monitoring for 2 weeks has the highest diagnostic yield-to-cost ratio in the evaluation of palpitations of unknown etiology. Echocardiography is recommended in patients whose history, physical examination, or ECG results raise concern for structural heart disease.

Read more: Palpitations: Evaluation, Management, and Wearable Smart Devices; September 2024

What are the initial recommended tests for evaluating suspected bleeding disorders?

Initial laboratory evaluation of suspected bleeding disorders should assess complete blood cell count, prothrombin time, activated partial thromboplastin time, peripheral blood smear, and fibrinogen level, with additional consideration for von Willebrand disease analysis.

Read more: Bleeding and Bruising: Primary Care Evaluation; November 2024

What initial imaging modality is recommended to evaluate jaundice in adults?

Ultrasonography or computed tomography with contrast are typically preferred for initial evaluation of jaundice because of their noninvasive nature, lower cost, and convenience.

Read more: Evaluation of Jaundice in Adults; January 2025

Is intermittent dosing of SSRIs an acceptable alternative to continuous dosing in premenstrual disorders?

According to the American College of Obstetricians and Gynecologists clinical practice guidelines, intermittent use of selective serotonin reuptake inhibitors (SSRIs) daily starting 1 week before menses onset and ending 3 days after onset is effective and can be used instead of continuous dosing.

Read more: Premenstrual Disorders: Guidelines From the American College of Obstetricians and Gynecologists [Practice Guidelines]; December 2024

How should suspected acute bacterial arthritis in children be initially evaluated and managed?

Initial evaluation of suspected acute bacterial arthritis in children should include blood cultures before any antimicrobial treatment, plain radiography of the potentially affected joint, and consideration of a C-reactive protein level for monitoring treatment response. Serum procalcitonin level or erythrocyte sedimentation rate should not be measured. In ill-appearing children, antibiotic treatment should not be delayed for a joint aspiration procedure.

Read more: Acute Bacterial Arthritis in Children: Guidelines From the Pediatric Infectious Diseases Society and Infectious Diseases Society of America [Practice Guidelines]; December 2024

Do all anaphylactic reactions treated with epinephrine require emergency medical services?

No. According to the Joint Task Force on Allergy-Immunology Practice Parameters, conservative care can be considered after complete or near-complete symptom resolution if anaphylaxis is not severe and symptoms do not return or worsen. After stabilization, patients should be observed for at least 1 hour to monitor for recurrent symptoms from a biphasic reaction. Patients should follow up with their primary care physician to document the allergy history, obtain epinephrine autoinjectors, and implement prevention strategies.

Read more: Anaphylaxis: Guidelines From the Joint Task Force on Allergy-Immunology Practice Parameters [Practice Guidelines]; November 2024 ■

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