Use of radiographs increasing for children with asthma

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Emergency department use of radiographs is increasing for children with asthma; and there is considerable variation between hospitals in the use of diagnostic testing for children with community-acquired pneumonia, according to two studies published online July 22 in *Pediatrics*.

(HealthDay)—Emergency department use of radiographs is increasing for children with asthma; and there is considerable variation between hospitals in the use of diagnostic testing for children with community-acquired pneumonia (CAP), according to two studies published online July 22 in *Pediatrics*.

Jane F. Knapp, M.D., from Children's Mercy Hospitals and Clinics in Kansas City, Mo., and colleagues examined trends in radiograph use in emergency department care of children with asthma (aged 2 to 18 years), bronchiolitis (aged 3 months to 1 year), and croup (aged 3 months to 6

years) using data from the National Hospital Ambulatory Medical Care Survey from 1995 to 2009. The researchers found that there was a significant increase in the use of radiographs for asthma over time (odds ratio, 1.06), but no change for bronchiolitis or croup. Radiograph use was significantly lower in pediatric-focused emergency departments (odds ratios, 0.44 for asthma; 0.37 for bronchiolitis; and 0.34 for croup).

Todd A. Florin, M.D., from the Cincinnati Children's Hospital Medical Center, and colleagues described the variability across 36 hospitals in diagnostic test utilization for children aged 2 months to 18 years with emergency department visits resulting in CAP diagnoses from 2007 to 2010. Data were analyzed from 100,615 emergency department visits. The researchers found that across hospitals there was significant variation for each test examined, after adjustment for patient characteristics. The odds of hospitalization were significantly increased in high versus low test-utilizing hospitals (odds ratio, 1.86). There was no significant difference in the odds of emergency department revisit in high versus low test-utilizing hospitals.

"These results suggest an opportunity to reduce diagnostic testing for CAP without negatively affecting outcomes," Florin and colleagues write.

More information: Abstract - Knapp
Full Text (subscription or payment may be required)
Abstract - Florin
Full Text (subscription or payment may be required)
Editorial (subscription or payment may be required)

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