

At some hospitals, kids with suspected appendicitis get worse care at night

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At some hospitals, children receive better care in the daytime than they do at night for suspected appendicitis. This is the finding of a study to be published in the April 2017 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine.

The study, by Fullerton et al, suggests that variation in hospital-level resources may impact the diagnostic evaluation of patients with [appendicitis](#) in children's hospitals. The study further proposes that the high cost to provide around-the-clock staffing for optimal services, such as ultrasonography technicians and qualified radiologists, causes children to be far more likely to receive a CT scan—and the [radiation exposure](#) that accompanies it—for suspected appendicitis at night.

The findings indicate that the availability of 24-hour, in-house ultrasound significantly increases the likelihood of ultrasound as first imaging and decreases CT scans, thereby reducing radiation exposure for children with abdominal pain concerning for appendicitis. Further, that hospitals aiming to increase the use of ultrasound should consider adding 24-hour in-house coverage.

"This is a wonderful study that identifies potential harm to children when emergency departments are not provided with appropriate support. It highlights the need for emergency departments to have suitable resources to provide top quality care to all patients regardless of age or time of day," said James F. Holmes, MD, MPH, a professor and vice chair for research in the Department of Emergency Medicine at UC Davis School of Medicine, whose research interests include the initial evaluation and management of injured patients, with a particular focus on children.

More information: Katherine Fullerton et al. Association of Hospital Resources and Imaging

Choice for Appendicitis in Pediatric Emergency Departments, *Academic Emergency Medicine* (2016). [DOI: 10.1111/acem.13156](https://doi.org/10.1111/acem.13156)

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