# ROBERTS & HEDGES'

# CLINICAL PROCEDURES in Emergency Medicine



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SIXTH EDITION

# Roberts and Hedges' Clinical Procedures in Emergency Medicine

SIXTH EDITION

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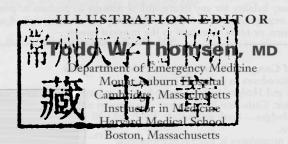
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ROBERTS AND HEDGES' CLINICAL PROCEDURES IN EMERGENCY MEDICINE

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# Roberts and Hedges' Clinical Procedures in Emergency Medicine

To Lydia, Matthew, Martha, and, of course, Jeanne.

7.R.R.

To my son, Nicholas, and to the memory of my daughter, Lauren.

C.B.C.

To my wonderful wife, Karen—thank you for your inspiration, support, and remarkable partnership; to Sydney, William, and Nathan, who will always be reminders of what is truly important; to my parents, who helped to foster the passion of medical education as a public service. To Cathy Custalow, MD, for her many, many hours and dedication to this book. And finally to those who practice and teach emergency medicine—may this book serve you well.

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To Marcy ... my wife, my best friend, and my soul mate.

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A.M.

To my amazing wife, Joyce; my supportive parents; the students and residents of the Keck School of Medicine; and the gracious patients of Los Angeles County–USC Medical Center.

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# HOW THIS MEDICAL TEXTBOOK SHOULD BE VIEWED BY THE PRACTICING CLINICIAN AND THE JUDICIAL SYSTEM

The editors and authors of this textbook strongly believe that the complex practice of medicine, the vagaries of human diseases, the unpredictability of pathologic conditions, and the functions, dysfunctions, and responses of the human body cannot be defined, explained, or rigidly categorized by any written document. Therefore it is neither the purpose nor the intent of our textbook to serve as an authoritative source on any medical condition, treatment plan, or clinical intervention; nor should our textbook be used to rigorously define a standard of care that should be practiced by all clinicians.

Our written word provides the physician with a literaturereferenced database and a reasonable clinical guide that is combined with practical suggestions from individual experienced practitioners. We offer a general reference source and clinical roadmap on a variety of conditions and procedures

that may confront clinicians who are experienced in emergency medicine practice. This text cannot replace physician judgment; cannot describe every possible aberration, nuance, clinical scenario, or presentation; and cannot define rigid standards for clinical actions or procedures. Every medical encounter must be individualized, and every patient must be approached on a case-by-case basis. No complex medical interaction can possibly be reduced to the written word. The treatments, procedures, and medical conditions described in this textbook do not constitute the total expertise or knowledge base expected to be possessed by all clinicians. Finally, many of the described complications and adverse outcomes associated with implementing or withholding complex medical and surgical interventions may occur, even when every aspect of the intervention has been performed correctly and as per any textbook or currently accepted standards.

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Instructor Harvard Medical School Emergency Department Brigham and Women's Hospital Boston, Massachusetts The sixth edition of *Roberts and Hedges' Clinical Procedures in Emergency Medicine* continues the book's original concept of providing complete, detailed, and up-to-date descriptions of many common, and some uncommon, procedures encountered during emergency medical practice. The novice may find the discussions and figures devoted to the many procedures somewhat daunting or overwhelming at first; but it is hoped that most will eventually appreciate the simple discussion and complex verbiage contained in the text. The goal is to describe clinical procedures—from simple Steri-Strip application, to loop drainage of an abscess, to skull trephination—as though each were the nascent clinician's first exposure to the concept, but with a depth and attention to detail that the seasoned operator would also deem helpful.

In previous editions it was difficult to find figures or photographs that conveyed the details or elucidated the vagaries to the extent one might want. The newly added color photographs, mostly digital quality, and a cornucopia of additional figures were a much needed update and morphed this edition into an obvious improvement over previous iterations. To make the text more user friendly, procedure boxes have been created, comprising a mini-atlas that allows the clinician to see the entire procedure at a glance. One can even bring the text to the bedside, viewing a single page of sequential images, the quintessential teaching tool for house staff and students. Many of the photographs were taken by me over 42 years of emergency department shifts or created or supplied by Todd W. Thomsen, MD. Some illustrations were borrowed from other sources, such as the wonderful text by Catherine B. Custalow, MD, PhD. This edition has more than 3500 images, half of which are new. More than 70 percent of the new images are the result of the artistic genius of graphics editor Dr. Thomsen. Frank Netter, watch out for Dr. Thomsen; he is rapidly attaining your status and may have already surpassed it in emergency medicine parlance. No doubt Dr. Thomsen has found his calling, blending amazing original art and electronic and digital prowess with equally impressive clinical medicine expertise.

The addition of the ultrasound-guided sections, presented in easily found and readily deciphered boxes, is the result of a gargantuan effort from our new ultrasound editor, Catherine Butts, MD, an ultrasonographer extraordinaire. One of the greatest achievement of this edition is the addition of a video procedures library, expertly crafted by Rob Orman, MD, and Scott Weingart, MD. Only wished for in past editions, many sections now reference online content that allows the reader to view videos of the procedures actually being performed. "See one, do one, teach one" has taken on new meaning with this text. This edition is now available electronically on such devices as the Kindle and iPad and is still fully searchable online at expertconsult.com.

There are, of course, many ways to approach any patient or any procedure, so this text is not a dictum. This book does not attempt to define standard of care. It is a compendium of self-proclaimed techniques—some tried and some true, but occasionally prospectively tested—practical hints, and successful tactics gleaned from the literature and by years of practice, adeptly described by skilled clinicians. As with prior editions, this version also significantly incorporates the personal opinions of the authors and editors. This book is intended to help the clinician and the patients who rely upon them. But it is simply a clinical guide, not a legal document. Do not reference this book if you testify in court, for either the defense or the plaintiff. Today's dogma too often becomes tomorrow's heresy, and physician hubris is worse than incompetence. Simply stated, emergency medicine and the human body too often defy the written word, personal opinion, or local custom and humble even the venerable and the universally praised gray-haired professor.

Many new authors have been added, as well as a number of new concepts and approaches. All procedures have been tweaked. Trigger point injection has been resurrected, as well as skull trephination; both were mistakenly removed from the previous edition. You will not find the novel loop abscess drainage technique so nicely described elsewhere.

My personal thanks are hereby conveyed to those who contributed to previous editions. The updated chapters often merely refine or further manipulate the scholarly work of others who originally assisted us. The current contributors include an enviable blend of friends and colleagues, former students of mine, up-and-coming rising stars in their own right, and my prior mentors and role models—all are accomplished physicians and leaders in their own milieu. We have added three new associate editors, names well known to anyone who reads the literature or attends a continuing medical education activity. All the associate editors portray and embody the pinnacle of emergency medicine excellence. Most of the contributors, and all the associate editors, probably know more than I know, and most are likely infinitely more capable and facile with procedures. All are capable of writing a text themselves, and some have already done so; however, some are now enlightened and eschew that primal urge since they now know how difficult it is to write even a single chapter. My able and erudite associate editors, all from prestigious academic teaching programs in emergency medicine, are Arjun S. Chanmugam, MD, MBA; Carl R. Chudnofsky, MD; Peter M.C. DeBlieux, MD; Amal Mattu, MD; Stuart P. Swadron, MD, FRCPC; and Dr. Thomsen. They provided the bulk of the original editing, but senior editor, Dr. Custalow, read every single word and reviewed every table and chart. Dr. Custalow is a more tenacious editor than the proverbial honey badger in regard to dealing with details, grammar, organization, and style. In the end, my personal bias may be evident, but Dr. Custalow was the fire and fuel for the book's framework. As already stated, Dr. Thomsen made the text come to life with images.

If any of our editing changed, altered, or misinterpreted the original thoughts of the contributors (and I know in some