

Canadian Rules Distinguish Breaks From Sprains

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STANFORD, CALIF. — The Ottawa Ankle Rules for children and adolescents can take some of the guesswork out of evaluating ankle injuries and cut down on the number of needless x-rays of sprains.

"Is it broken? Is it not broken? In the emergency department, it's the bane of our existence," said Dr. Bernard W. Dannenberg, director of pediatric emergency

medicine at the Stanford (Calif.) University Medical Center.

Simplicity is key to the rules, first developed for adults and later validated for children at the University of Ottawa and the University of Manitoba in Winnipeg (Acad. Emer. Med. 1999;6:1005-9).

The rules follow several criteria, simply stated:

► Has the child been able to walk four steps or more on the injured ankle, either at the time of the injury or any time since?

► Is there an absence of significant pain when the physician presses with a thumb on the posterior edge or tip of the lateral or medial malleolar zones?

► Is there an absence of significant tenderness at the base of the fifth metatarsal or navicular bone (in the case of suspicion of a fracture in the mid-foot)?

If the answers to these questions are affirmative, the injury can safely be bandaged with an Ace wrap for comfort and the patient instructed to use crutches with-

out obtaining an x-ray, Dr. Dannenberg said at a pediatric update sponsored by Stanford University.

The rules have been found to be 100% sensitive for a fracture of the ankle or mid-foot in children aged 2-16 years, and 24% and 36% specific for fractures of the ankle and mid-foot, respectively. Following the rules has the potential of reducing the number of ankle and mid-foot x-ray series by 16%-29%, according to the authors of the pediatric validation study. ■

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Indication:

LOVAZA™ (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥ 500 mg/dL) triglyceride (TG) levels in adult patients.

Usage Considerations:

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hyperlipidemia, such as hypothyroidism or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.)

In patients with very high TG levels the effect of LOVAZA on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

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