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**Figure 1.** Fingertip thermal burn.

[Ann Emerg Med. 2008;51:681.]

Crack cocaine users often sustain fingertip burns from holding heated crack pipes. Such burns may provide a visual clue to emergency physicians for possible underlying cocaine intoxication.

A 35-year-old woman was brought to the emergency department (ED) for agitation. Her physical examination was limited by her bouts of yelling and moaning. After the patient was chemically sedated, her vital signs normalized, with her initial tachycardia of 120 beats/min improving to 95 beats/min. A more thorough examination was unremarkable, including reactive pupils at 5 mm, no smell of alcohol on her breath, and no appreciable toxidrome by examination. The tip of her left ring finger, however, was covered with a Band-Aid. Removing this Band-Aid revealed erythema over the volar aspect of the distal phalanx, consistent with a thermal burn (Figure 1).

**Figure 2.** Glass crack cocaine pipe. Used with permission of Chinyere Mbagwu, BA, and Michelle Lin, MD, University of California San Francisco, San Francisco General Hospital, Emergency Services, San Francisco, CA.

For the diagnosis and teaching points, see page 695.

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15. American College of Emergency Physicians. Hospital, medical staff and payer responsibility for emergency department patients [policy statement]; Approved September 1999.
16. American College of Emergency Physicians. Medical direction of interfacility patient transfers [policy statement]; Approved January 1997.
17. American College of Emergency Physicians. Appropriate interhospital patient transfer [policy statement]; Approved June 1997.
18. American College of Emergency Physicians. Expired carbon dioxide monitoring [policy statement]; Approved September 1994.

Revised and approved by the ACEP Board of Directors October 2007, June 2004, and June 2001 titled, "Emergency Department Planning and Resources Guidelines."

Reaffirmed by the ACEP Board of Directors September 1996.

Revised and approved by the ACEP Board of Directors June 1991.

Originally approved by the ACEP Board of Directors December 1985 titled, "Emergency Care Guidelines."

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Immunization of Adults and Children in the Emergency Department

[Ann Emerg Med. 2008;51:695.]

The American College of Emergency Physicians (ACEP) recognizes that vaccine-preventable infectious diseases have a significant effect on the health of adults and children. Many

adults and children at risk for such diseases use the emergency department (ED) as their primary source of health care. ACEP is concerned those individuals at risk for these diseases are often not appropriately immunized and that EDs may be called upon to play a more prominent role in the event of an emerging (or biothreat) outbreak. To promote the health and well-being of the population, ACEP thus supports the following principles.

- All health care personnel should be encouraged to receive yearly influenza immunization.
- EDs should establish relationships with public health clinics, managed health care organizations, and private physicians to ensure the rapid referral of undervaccinated patients.
- In cases of outbreaks or epidemics of vaccine-preventable diseases (including emerging infections and biothreats), emergency physicians should assist health care facilities in partnering with public health agencies to develop and implement mass vaccination strategies.
- For immunizations provided in the emergency department, all applicable laws, regulations, policies, standards, and requirements should be followed.

Approved by the ACEP Board of Directors January 2008.

This policy replaces "Immunization of Pediatric Patients" (2000), "Immunization of Adult Patients" (2000), and "Immunizations in the Emergency Department" (2002).

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DIAGNOSIS:

Fingertip burns from a crack pipe. Burned fingertips are a telltale injury from smoking crack cocaine because crack is often smoked in noninsulated glass or metal pipes. Handling these hot pipes, nicknamed "stems" or "blasters," often leads to thermal injuries of fingertips and even lips. The suspicion for cocaine in this patient was confirmed by finding a glass crack pipe (Figure 2) in her belongings and later a urine toxicology report positive for cocaine.

Cocaine intoxication can change the evaluation and treatment of ED patients, such as those presenting with altered mental status, chest pain, or fevers. A careful examination of patients' fingertips for burns may provide the only initial toxicologic clue for cocaine use.