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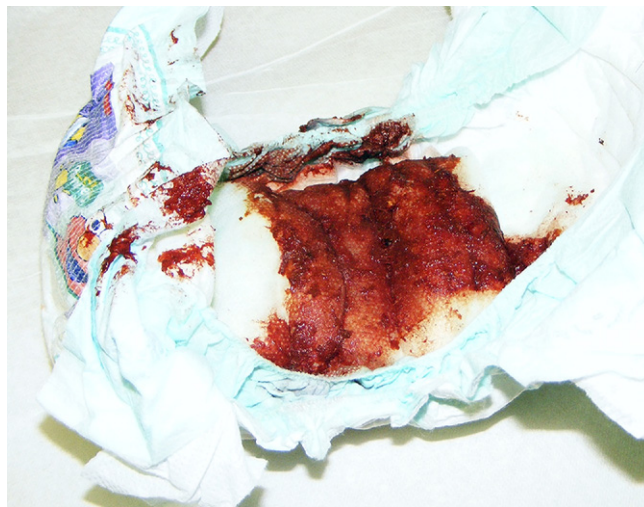


Figure. Diaper with red-colored stool. Used with permission of Martina Mookadam, MD, MS, Department of Family Medicine, Mayo Clinic, Scottsdale, AZ.

[Ann Emerg Med. 2009;54:308.]

A 10-month-old boy presented to a pediatric emergency department with a 1-day history of blood-colored stools. The patient had no history of abdominal pain, fever, vomiting, or diarrhea. Four days before, he had been prescribed cefdinir, a third-generation oral cephalosporin, for a pharyngeal abscess. On examination, he was playful and his vital signs were normal. He had blood-red stool in his diaper (**Figure**), which was guiac negative. His diet included iron-fortified formula, but he had no supplements.

*For the diagnosis and teaching points, see page 314.
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and knowledge-users have taken to it, if application pressure is any indication.

We agree that knowledge translation is a messy business that needs to be responsive and tailored to the context in which it is taking place. We also agree that the gap between research and practice exists due to circumstances arising from both the knowledge-producers and the knowledge-users. Integrated knowledge translation, however, is a potential means to close the gap through the mutual contributions and learnings of these 2 communities.

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 Knowledge Translation Portfolio
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In reply:

Graham et al's efforts at developing "integrated knowledge translation" are clearly moving in the right direction, and I strongly support them, particularly if they lead to improved understandings of what constitutes scientific activity.¹ Of course, the devil is in the details—it would be very easy to wind up with new "integrated" icing on the old knowledge translation cake, if for example the knowledge-users tend, as seems likely, to defer to knowledge-producers on research design and execution issues.² Still, the prospect is exciting, and I am hopeful as we stagger forth together.

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DIAGNOSIS:

Cefdinir-associated red stool. Without further evaluation, he was discharged home to complete his course of antibiotics. His final diagnosis was cefdinir-associated red stools, which is a benign process caused by the formation of a cefdinir-iron complex.¹ The incidence of red stools is unknown, but may be as high as 10%.² It has, however, led to parental and physician distress and to extensive testing and hospitalizations for what is simply a benign drug adverse effect.^{1,3,4}

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