An 87-year-old woman presented with acute onset of diffuse abdominal pain, chills, and fever up to 38.5°C (101.3 °F), with 2-day history of vomiting and diarrhea without blood. She had lost 5 kg during the last 3 months. C-reactive protein level was 327 mg/L.
Tobacco Products—Public Policy Measures


The American College of Emergency Physicians (ACEP) supports:

- FDA regulation of tobacco products and advertising.
- Continued enhancement of graphic warnings, such as package inserts, on all tobacco products, whether for domestic use or foreign export.
- Public education of health risks of first- and second-hand smoke exposure.
- The prohibition of tobacco smoking in public places.
- Raising excise taxes on tobacco products, and that revenue be devoted to the care of patients with tobacco-related disease and for tobacco cessation treatment.
- The use of evidence-based treatments for tobacco use/abuse, such as quitlines, and encourages health care personnel to refer patients to them.

Revised and approved by the ACEP Board of Directors titled, “Tobacco Products – Public Policy Measures” January 2010

doi:10.1016/j.annemergmed.2010.02.015

Alcohol Taxation


ACEP supports taxation on the sale of alcoholic beverages if the revenue generated directly supports the preventive, acute medical, psycho-social and long-term health care needs of individuals who suffer the effects of alcohol abuse.

Revised and approved by the ACEP Board of Directors April 2003 and January 2010

Originated as Council Resolution CR013 and approved as a policy statement titled, “Alcohol Taxation” September 1990

doi:10.1016/j.annemergmed.2010.02.014

DIAGNOSIS:

Secondary pneumatosis intestinalis. Abdominal radiograph showed dilated loops of small and large bowel, and multislice computed tomography (CT) delineated an infiltrative and partially obstructive process of hepatic flexure of the colon with gas in the bowel wall, suggesting bowel ischemia (Figure 1). CT also showed intrahepatic portal venous gas, suggesting advanced mesenteric ischemia. Exploration confirmed preoperative findings of intestinal pneumatosis (Figure 2) and infiltrative process of the colon with peritoneal carcinomatosis. Loop ileostomy was made but intestinal ischemia progressed, with evident stomal necrosis. The patient died after 3 days.