

Benefits of Using A Smartphone in Patient Referral

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Dear Editor,

We would like to discuss the benefits to patient referral using Whatsapp, an application for smart phones that is much used in recent times. Whatsapp is a program for sharing photographs, text, sound, and video that can be downloaded to mobile phones free of charge. Whatsapp can be downloaded to all types of smart phones, and unlimited texts can be exchanged (1). Therefore, we believe that this program can be easily used during referrals between hospitals.

We work in the Recep Tayyip Erdoğan University Faculty of Medicine, Department of Emergency Medicine, in the province of Rize in Turkey. Our hospital admits patients from the city center and surrounding provinces and districts. The mean annual number of patients visiting our hospital is approximately 180,000. Because ours is a university hospital, we have physicians from all branches of medicine. However, many specialists are unavailable in the surrounding provinces and districts, or if they are available, there is only one individual and lack of shift coverage means that intensive referrals are made to our hospital. The number of specialists in the field of orthopedic and plastic surgery is particularly very low (2). General practitioners and specialists other than emergency medicine specialists work night shifts in outlying centers. Moreover, management of extremity traumas is highly problematic. For example, when an eye disease specialist is on duty in the emergency department, the physician will wish to refer all cases of extremity trauma to our hospital. This imposes workforce and time losses on our hospital. We have started using the Whatsapp application to prevent this. The referring physician sends the patient images as a message. We have been able to guide physicians in case of simple fractures and have thus prevented the need for many referrals. We have been able to arrange splints for non-displaced closed fractures not requiring surgery and with normal motor and sensory examination and had them referred to our clinic the following day. Tests of patients scheduled for referral from hospitals with no fax machine in their emergency departments have been assessed in advance using this program. We were able to start one patient on fluid therapy needed during transportation, such as in hypo/hyperglycemia, before referral. We also wanted one patient with muscle and nerve laceration in the forearm to be referred immediately (Figure 1).



Figure 1. Muscle and nerve laceration in the forearm

Although specialist opinion and physical examination are always essential, we believe that assessment of patients through the Whatsapp program, with the benefit of the opinion of the emergency physician, will reduce the number of referrals decided in the emergency department

Informed Consent: Our manuscript does not include knowledge about our patient's personal information or medical data that must be kept in secret. For this reason we didn't take a written confirmation.

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Optimal Timing for Measuring Serum S100B Levels in Patients with Syncope

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Dear Editor,

We read the article "Utility of Serum S100B Level, SFSR and OESIL Scores in Anticipating Short Term Adverse Events of Discharged Syncope Patients" (1) by Akoğlu et al. published in your journal's 2013-1 issue with great interest. We are grateful for the findings they share with us. We would like to contribute to the study limitations, referring to a few basic features of the biochemical parameters.

S100B is a protein with a half-life of approximately 120 min and is excreted from the kidney; it can be detected in the serum in events such as ischemia or necrosis. The elapsed time between blood sampling and occurrence of the injury can affect the level of serum S100B (2). Müller et al. (3) have shown that measurement of serum S100B levels 3 h after an ischemic event was unreliable and affected the results of the study. Based on these features, we suggest that evaluating patients with syncope with an elapsed period not exceeding 3 h would increase the objectivity of the study, rather than including patients with syncope admitted within the last 48 h.

We believe that careful selection of patients with syncope and collection of blood samples would result in better outcomes of the study. It has been reported that serum S100B levels in the

collected blood samples of patients with syncope within 48 h, which were taken at a time range of 15 min to 6 h after the index event, were evaluated. Serum S100B levels of patients with syncope within 48 h will be lower than expected because of the short half-life of S100B.

We appreciate the authors' valuable presentation and offer our respects.

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