

Predicting the Severity of Illness and Outcomes
in the Emergency Department

1. Flash Mob Research is an inexpensive, quick, and reliable method to investigate simple clinical questions. (*this thesis*)
2. The routine use of capillary refill time should be reconsidered. (*this thesis*)
3. Positive results of studies performed in intensive care units are hard to reproduce in emergency departments. (*this thesis*)
4. Comparing heterogeneous treatment groups distorts associations despite use of common methods to prevent bias. (*this thesis*)
5. qSOFA lacks sensitivity for identifying sepsis in the emergency department. (*this thesis*)
6. There are two great shocks for every emergency medicine resident: one, not every patient is 'sick,' and two, many patients are much sicker than they first appear. (*Peter Rosen, JACEP. 1979 Jul;8(7):280-3*)
7. Sepsis is like beauty, we know it when we see it, but it's hard to define. (*Simon Finfer, 2016*)
8. The idea that the future is unpredictable is undermined every day by the ease with which the past is explained. (*Daniel Kahneman, 2011*)
9. That it – *the stethoscope* – will ever come into general use, notwithstanding its value, is extremely doubtful; because its beneficial application requires much time and gives a good bit of trouble both to the patient and the practitioner; because its hue and character are foreign and opposed to all our habits and associations. (*John Forbes, 1821*)
10. Alle Dinge sind Gift, und nichts ist ohne Gift; allein die dosis machts, daß ein Ding kein Gift sei. (*Paracelsus, 1538*)
11. I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail. (*Abraham Maslow, 1966*)