References for Active Research Projects

1. Cairns C, Kang K. *National Hospital Ambulatory Medical Care Survey: 2021 Emergency Department Summary Tables*. National Center for Health Statistics (U.S.); 2023. Accessed April 15, 2024. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc21-ed-508.pdf.

2. Antibiotic Stewardship in Emergency Departments. Vermont Department of Health. Published July 18, 2016. Accessed January 25, 2020. https://www.healthvermont.gov/sites/default/files/documents/2016/11/hs_id_hai_VT-antibiotic-stewardship-ed.pdf

3. McCreary EK, Heim ME, Schulz LT, Hoffman R, Pothof J, Fox B. Top 10 Myths Regarding the Diagnosis and Treatment of Cellulitis. *J Emerg Med*. 2017;53(4):485-492. doi:10.1016/j.jemermed.2017.05.007

4. Pallin DJ, Camargo CA, Schuur JD. Skin infections and antibiotic stewardship: analysis of emergency department prescribing practices, 2007-2010. *West J Emerg Med*. 2014;15(3):282-289. doi:10.5811/westjem.2013.8.18040

5. Falagas ME, Vergidis PI. Narrative Review: Diseases That Masquerade as Infectious Cellulitis. *Ann Intern Med*. 2005;142(1):47. doi:10.7326/0003-4819-142-1-200501040-00011

6. Weng QY, Raff AB, Cohen JM, et al. Costs and Consequences Associated With Misdiagnosed Lower Extremity Cellulitis. *JAMA Dermatol*. 2017;153(2):141-146. doi:10.1001/jamadermatol.2016.3816

7. Strazzula L, Cotliar J, Fox LP, et al. Inpatient dermatology consultation aids diagnosis of cellulitis among hospitalized patients: A multi-institutional analysis. *J Am Acad Dermatol*. 2015;73(1):70-75. doi:10.1016/j.jaad.2014.11.012

8. Arakaki RY, Strazzula L, Woo E, Kroshinsky D. The impact of dermatology consultation on diagnostic accuracy and antibiotic use among patients with suspected cellulitis seen at outpatient internal medicine offices: a randomized clinical trial. *JAMA Dermatol*. 2014;150(10):1056-1061. doi:10.1001/jamadermatol.2014.1085

9. Arakaki RY, Strazzula L, Woo E, Kroshinsky D. The impact of dermatology consultation on diagnostic accuracy and antibiotic use among patients with suspected cellulitis seen at outpatient internal medicine offices: a randomized clinical trial. *JAMA Dermatol*. 2014;150(10):1056-1061. doi:10.1001/jamadermatol.2014.1085

10. Jain S, Self WH, Wunderink RG, et al. Community-Acquired Pneumonia Requiring Hospitalization among U.S. Adults. *N Engl J Med*. 2015;373(5):415-427. doi:10.1056/NEJMoa1500245

11. Arnold FW, Reyes Vega AM, Salunkhe V, et al. Older Adults Hospitalized for Pneumonia in the United States: Incidence, Epidemiology, and Outcomes. *J Am Geriatr Soc*. 2020;68(5):1007-1014. doi:10.1111/jgs.16327

12. Ramirez JA, Wiemken TL, Peyrani P, et al. Adults Hospitalized With Pneumonia in the United States: Incidence, Epidemiology, and Mortality. *Clin Infect Dis Off Publ Infect Dis Soc Am*. 2017;65(11):1806-1812. doi:10.1093/cid/cix647

13. Caterino JM. Evaluation and management of geriatric infections in the emergency department. *Emerg Med Clin North Am*. 2008;26(2):319-343, viii. doi:10.1016/j.emc.2008.01.002

14. Henig O, Kaye KS. Bacterial Pneumonia in Older Adults. *Infect Dis Clin North Am*. 2017;31(4):689-713. doi:10.1016/j.idc.2017.07.015

15. Centers for Disease Control and Prevention. Leading causes of death and numbers of deaths by age: United States, 1980 and 2019. Accessed June 27, 2024. https://www.cdc.gov/nchs/data/hus/2020-2021/LCODAge.pdf

16. Dang TT, Majumdar SR, Marrie TJ, Eurich DT. Recurrent pneumonia: a review with focus on clinical epidemiology and modifiable risk factors in elderly patients. *Drugs Aging*. 2015;32(1):13-19. doi:10.1007/s40266-014-0229-6

17. Dang TT, Eurich DT, Weir DL, Marrie TJ, Majumdar SR. Rates and risk factors for recurrent pneumonia in patients hospitalized with community-acquired pneumonia: population-based prospective cohort study with 5 years of follow-up. *Clin Infect Dis Off Publ Infect Dis Soc Am*. 2014;59(1):74-80. doi:10.1093/cid/ciu247

18. El Solh AA, Brewer T, Okada M, Bashir O, Gough M. Indicators of recurrent hospitalization for pneumonia in the elderly. *J Am Geriatr Soc*. 2004;52(12):2010-2015. doi:10.1111/j.1532-5415.2004.52556.x

19. Dickson RP, Erb-Downward JR, Huffnagle GB. Towards an ecology of the lung: new conceptual models of pulmonary microbiology and pneumonia pathogenesis. *Lancet Respir Med*. 2014;2(3):238-246. doi:10.1016/S2213-2600(14)70028-1

20. Langmore SE, Terpenning MS, Schork A, et al. Predictors of Aspiration Pneumonia: How Important Is Dysphagia? *Dysphagia*. 1998;13(2):69-81. doi:10.1007/PL00009559

21. Ortega O, Parra C, Zarcero S, Nart J, Sakwinska O, Clavé P. Oral health in older patients with oropharyngeal dysphagia. *Age Ageing*. 2014;43(1):132-137. doi:10.1093/ageing/aft164

22. Weimers MJ, Pillay M. Pathogenic oral bacteria in hospitalised patients with dysphagia: The silent epidemic. *South Afr J Commun Disord Suid-Afr Tydskr Vir Kommun*. 2021;68(1):e1-e7. doi:10.4102/sajcd.v68i1.798

23. Pace CC, McCullough GH. The association between oral microorgansims and aspiration pneumonia in the institutionalized elderly: review and recommendations. *Dysphagia*. 2010;25(4):307-322. doi:10.1007/s00455-010-9298-9

24. Pulia MS, Herrin R, Robison RD, et al. Dysphagia Is an Underrecognized Risk Factor for Viral Pneumonia Severity. *Dysphagia*. Published online April 27, 2024. doi:10.1007/s00455-024-10697-z

25. Rawson TM, Moore LSP, Zhu N, et al. Bacterial and fungal co-infection in individuals with coronavirus: A rapid review to support COVID-19 antimicrobial prescribing. *Clin Infect Dis*. Published online May 2, 2020. doi:10.1093/cid/ciaa530

26. Lansbury L, Lim B, Baskaran V, Lim WS. Co-infections in people with COVID-19: a systematic review and meta-analysis. *J Infect*. 2020;81(2):266-275. doi:10.1016/j.jinf.2020.05.046

27. Langford BJ, So M, Raybardhan S, et al. Bacterial co-infection and secondary infection in patients with COVID-19: a living rapid review and meta-analysis. *Clin Microbiol Infect*. Published online July 22, 2020. doi:10.1016/j.cmi.2020.07.016

28. Townsend L, Hughes G, Kerr C, et al. Bacterial pneumonia coinfection and antimicrobial therapy duration in SARS-CoV-2 (COVID-19) infection. *JAC-Antimicrob Resist*. 2020;2(3). doi:10.1093/jacamr/dlaa071

29. Karaba SM, Jones G, Helsel T, et al. Prevalence of Co-infection at the Time of Hospital Admission in COVID-19 Patients, A Multicenter Study. *Open Forum Infect Dis*. 2021;8(ofaa578). doi:10.1093/ofid/ofaa578

30. Denny KJ, Gartside JG, Alcorn K, Cross JW, Maloney S, Keijzers G. Appropriateness of antibiotic prescribing in the Emergency Department. *J Antimicrob Chemother*. 2019;74(2):515-520. doi:10.1093/jac/dky447

31. Barlam TF, Soria-Saucedo R, Cabral HJ, Kazis LE. Unnecessary Antibiotics for Acute Respiratory Tract Infections: Association With Care Setting and Patient Demographics. *Open Forum Infect Dis*. 2016;3(1):1-7. doi:10.1093/ofid/ofw045

32. Timbrook TT, Caffrey AR, Ovalle A, et al. Assessments of Opportunities to Improve Antibiotic Prescribing in an Emergency Department: A Period Prevalence Survey. *Infect Dis Ther*. 2017;6(4):497-505. doi:10.1007/s40121-017-0175-9

33. Frisbee J, Heidel RE, Rasnake MS. Adverse Outcomes Associated With Potentially Inappropriate Antibiotic Use in Heart Failure Admissions. *Open Forum Infect Dis*. 2019;6(6). doi:10.1093/ofid/ofz220

34. Lindenauer PK, Stefan MS, Feemster LC, et al. Use of antibiotics among patients hospitalized for exacerbations of asthma. *JAMA Intern Med*. 2016;176(9):1397-1400. doi:10.1001/jamainternmed.2016.4050

35. Hecker MT, Aron DC, Patel NP, Lehmann MK, Donskey CJ. Unnecessary use of antimicrobials in hospitalized patients: current patterns of misuse with an emphasis on the antianaerobic spectrum of activity. *Arch Intern Med*. 2003;163(8):972-978. doi:10.1001/archinte.163.8.972

36. Fridkin S, Baggs J, Fagan R, et al. Vital signs: improving antibiotic use among hospitalized patients. *MMWR Morb Mortal Wkly Rep*. 2014;63(9):194-200.