



URGENT INTERACTIONS



LETTERS TO THE EDITOR

In response to the September 2024 Case Report “Emesis Ad Nauseum: A Case Report of Cannabinoid Hyperemesis Syndrome in Urgent Care”

Dear Editor,

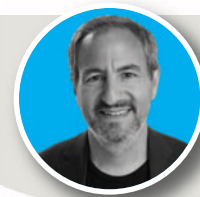
Kudos on the article, “Emesis Ad Nauseum,” appearing in the September issue. With the use of cannabis on the increase, we are seeing a definite increase in patients presenting with acute onset severe vomiting associated with the overindulgence of edible cannabinoid products. The information the authors presented will be useful to clinicians encountering these patients, and a copy has been posted in both our urgent care center as well as our system’s emergency departments for reference. Thank you.

Steve Weinman, MSc, RN, CEN
St. Joseph’s Health, Paterson, New Jersey



“Consider the 80/20 rule. Divide patients into low risk and high risk. For the 80% that are low risk, keep MDMs brief. For the 20% that are high risk, MDMs and related plans should be expansive.”

— **Joshua W. Russell, MD, MSc, EL, FCUCM, FACEP**
JUCM Editor in Chief



“If we don't gather adequate data, we will not be able to make an adequate decision.”

— **Michael Weinstock, MD**
JUCM Senior Clinical Editor



“This case emphasizes that young, otherwise healthy patients can harbor dangerous cardiovascular pathology and why we must adhere to a systematic approach. All patients with chest pain or symptoms associated with acute coronary syndrome require a stat electrocardiogram, irrespective of age and risk factors.”

— **William C. Krauss, MD, FACEP**
Kaiser San Diego Medical Center; Kaiser Permanente Bernard J. Tyson School of Medicine; Author of “Could This Young Patient Really Have a STEMI? A Case Report of a Spontaneous Coronary Artery Dissection” (Page 21)



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