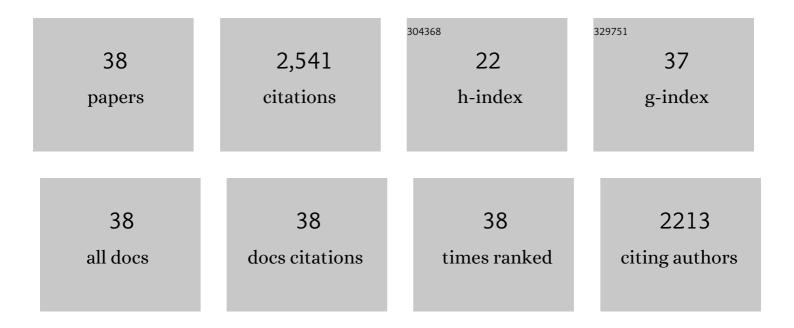
## **Catherine M Clement**

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	The Canadian C-Spine Rule versus the NEXUS Low-Risk Criteria in Patients with Trauma. New England Journal of Medicine, 2003, 349, 2510-2518.	13.9	582
2	Comparison of the Canadian CT Head Rule and the New Orleans Criteria in Patients With Minor Head Injury. JAMA - Journal of the American Medical Association, 2005, 294, 1511.	3.8	414
3	Implementation of the Canadian C-Spine Rule: prospective 12 centre cluster randomised trial. BMJ: British Medical Journal, 2009, 339, b4146-b4146.	2.4	129
4	A prospective cluster-randomized trial to implement the Canadian CT Head Rule in emergency departments. Cmaj, 2010, 182, 1527-1532.	0.9	112
5	Association of the Ottawa Aggressive Protocol with rapid discharge of emergency department patients with recent-onset atrial fibrillation or flutter. Canadian Journal of Emergency Medicine, 2010, 12, 181-191.	0.5	111
6	Variation in Management of Recent-Onset Atrial Fibrillation and Flutter Among Academic Hospital Emergency Departments. Annals of Emergency Medicine, 2011, 57, 13-21.	0.3	111
7	Performance of the Canadian CT Head Rule and the New Orleans Criteria for Predicting Any Traumatic Intracranial Injury on Computed Tomography in a United States Level I Trauma Center. Academic Emergency Medicine, 2012, 19, 2-10.	0.8	109
8	International Survey of Emergency Physicians' Priorities for Clinical Decision Rules. Academic Emergency Medicine, 2008, 15, 177-182.	0.8	97
9	A Risk Scoring System to Identify Emergency Department Patients With Heart Failure at High Risk for Serious Adverse Events. Academic Emergency Medicine, 2013, 20, 17-26.	0.8	97
10	Retrospective application of the NEXUS low-risk criteria for cervical spine radiography in Canadian emergency departments. Annals of Emergency Medicine, 2004, 43, 507-514.	0.3	72
11	An International View of How Recentâ€onset Atrial Fibrillation Is Treated in the Emergency Department. Academic Emergency Medicine, 2012, 19, 1255-1260.	0.8	66
12	Emergency Department Use of Intravenous Procainamide for Patients with Acute Atrial Fibrillation or Flutter. Academic Emergency Medicine, 2007, 14, 1158-1164.	0.8	64
13	Electrical versus pharmacological cardioversion for emergency department patients with acute atrial fibrillation (RAFF2): a partial factorial randomised trial. Lancet, The, 2020, 395, 339-349.	6.3	60
14	International Survey of Emergency Physicians' Awareness and Use of the Canadian Cervical‧pine Rule and the Canadian Computed Tomography Head Rule. Academic Emergency Medicine, 2008, 15, 1256-1261.	0.8	58
15	Association of injury mechanism with the risk of cervical spine fractures. Canadian Journal of Emergency Medicine, 2009, 11, 14-22.	0.5	57
16	Outcomes for Emergency Department Patients With Recent-Onset Atrial Fibrillation and Flutter Treated in Canadian Hospitals. Annals of Emergency Medicine, 2017, 69, 562-571.e2.	0.3	51
17	Multicentre prospective validation of use of the Canadian C-Spine Rule by triage nurses in the emergency department. Cmaj, 2010, 182, 1173-1179.	0.9	47
18	Clinical characteristics associated with adverse events in patients with exacerbation of chronic obstructive pulmonary disease: a prospective cohort study. Cmai. 2014, 186, F193-F204	0.9	40

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19	Prospective and Explicit Clinical Validation of the Ottawa Heart Failure Risk Scale, With and Without Use of Quantitative <scp>NT</scp> â€pro <scp>BNP</scp> . Academic Emergency Medicine, 2017, 24, 316-327.	0.8	40
20	Canadian C-Spine Rule study for alert and stable trauma patients: II. Study objectives and methodology. Canadian Journal of Emergency Medicine, 2002, 4, 185-193.	0.5	34
21	Clinical Features of Head Injury Patients Presenting With a Glasgow Coma Scale Score of 15 and Who Require Neurosurgical Intervention. Annals of Emergency Medicine, 2006, 48, 245-251.	0.3	29
22	A matched-pair cluster design study protocol to evaluate implementation of the Canadian C-spine rule in hospital emergency departments: Phase III. Implementation Science, 2007, 2, 4.	2.5	25
23	Vernakalant Hydrochloride: A NovelAtrialâ€selective Agent for the Cardioversionof Recentâ€onset Atrial Fibrillation in the Emergency Department. Academic Emergency Medicine, 2010, 17, 1175-1182.	0.8	18
24	Theory of planned behaviour can help understand processes underlying the use of two emergency medicine diagnostic imaging rules. Implementation Science, 2014, 9, 88.	2.5	15
25	Clinical validation of a risk scale for serious outcomes among patients with chronic obstructive pulmonary disease managed in the emergency department. Cmaj, 2018, 190, E1406-E1413.	0.9	15
26	A Multicenter Program to Implement the CanadianÂC-Spine Rule by Emergency DepartmentÂTriage Nurses. Annals of Emergency Medicine, 2018, 72, 333-341.	0.3	14
27	Perceived facilitators and barriers to clinical clearance of the cervical spine by emergency department nurses: A major step towards changing practice in the emergency department. International Emergency Nursing, 2011, 19, 44-52.	0.6	11
28	Facilitators and barriers to application of the Canadian C-spine rule by emergency department triage nurses. International Emergency Nursing, 2016, 27, 24-30.	0.6	11
29	Use of rate control medication before cardioversion of recent-onset atrial fibrillation or flutter in the emergency department is associated with reduced success rates. Canadian Journal of Emergency Medicine, 2012, 14, 169-177.	0.5	9
30	Characteristics and outcomes for acute heart failure in elderly patients presenting to the ED. American Journal of Emergency Medicine, 2016, 34, 2159-2166.	0.7	8
31	Impact of Expanding the Prehospital Stroke Bypass Time Window in a Large Geographic Region. Stroke, 2017, 48, 624-630.	1.0	7
32	Factors influencing the intentions of nurses and respiratory therapists to use automated external defibrillators during in-hospital cardiac arrest: a qualitative interview study. Canadian Journal of Emergency Medicine, 2018, 20, 68-79.	0.5	7
33	Emergency Department Management of Heart Failure and COPD: A National Survey of Attitudes and Practice. Canadian Journal of Emergency Medicine, 2016, 18, 429-436.	0.5	6
34	A randomized, controlled comparison of electrical versus pharmacological cardioversion for emergency department patients with acute atrial flutter. Canadian Journal of Emergency Medicine, 2021, 23, 314-324.	0.5	5
35	Rates and predictive factors of return to the emergency department following an initial release by the emergency department for acute heart failure. Canadian Journal of Emergency Medicine, 2018, 20, 222-229.	0.5	4
36	Emergency Physician Patterns Related to Anticoagulation of Patients with Recent-Onset Atrial Fibrillation and Flutter. Journal of Atrial Fibrillation, 2013, 5, 645.	0.5	4

#	Article	IF	CITATIONS
37	Hemodynamic, management, and outcomes of patients admitted to emergency department with heart failure. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 2016, 24, 132.	1.1	2
38	Interdepartmental program to improve outcomes for acute heart failure patients seen in the emergency department. Canadian Journal of Emergency Medicine, 2021, 23, 169-179.	0.5	0