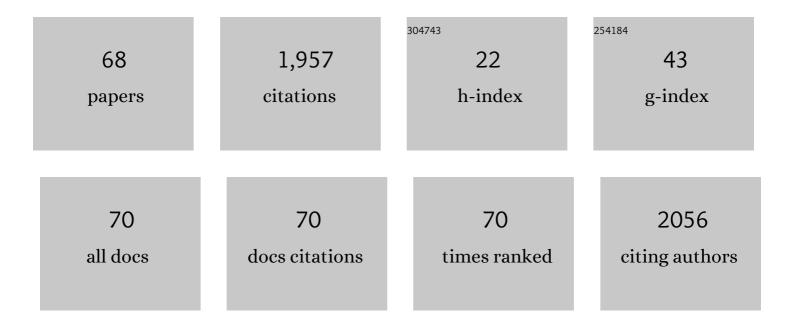
Prashant Mahajan

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	A Clinical Prediction Rule to Identify Febrile Infants 60 Days and Younger at Low Risk for Serious Bacterial Infections. JAMA Pediatrics, 2019, 173, 342.	6.2	233
2	Association of RNA Biosignatures With Bacterial Infections in Febrile Infants Aged 60 Days or Younger. JAMA - Journal of the American Medical Association, 2016, 316, 846.	7.4	180
3	<i>Lactobacillus rhamnosus</i> GG versus Placebo for Acute Gastroenteritis in Children. New England Journal of Medicine, 2018, 379, 2002-2014.	27.0	162
4	Lorazepam vs Diazepam for Pediatric Status Epilepticus. JAMA - Journal of the American Medical Association, 2014, 311, 1652.	7.4	143
5	Epidemiology of Psychiatric-Related Visits to Emergency Departments in a Multicenter Collaborative Research Pediatric Network. Pediatric Emergency Care, 2009, 25, 715-720.	0.9	124
6	Augmented Reality in Emergency Medicine: A Scoping Review. Journal of Medical Internet Research, 2019, 21, e12368.	4.3	104
7	Accuracy of the Urinalysis for Urinary Tract Infections in Febrile Infants 60 Days and Younger. Pediatrics, 2018, 141, .	2.1	84
8	Isolated Linear Skull Fractures in Children With Blunt Head Trauma. Pediatrics, 2015, 135, e851-e857.	2.1	72
9	Accuracy of Complete Blood Cell Counts to Identify Febrile Infants 60 Days or Younger With Invasive Bacterial Infections. JAMA Pediatrics, 2017, 171, e172927.	6.2	69
10	Factors Associated With Potentially Missed Diagnosis of Appendicitis in the Emergency Department. JAMA Network Open, 2020, 3, e200612.	5.9	60
11	A multicenter randomized controlled trial of intravenous magnesium for sickle cell pain crisis in children. Blood, 2015, 126, 1651-1657.	1.4	57
12	Comparison of nebulized magnesium sulfate plus albuterol to nebulized albuterol plus saline in children with acute exacerbations of mild to moderate asthma. Journal of Emergency Medicine, 2004, 27, 21-25.	0.7	56
13	Procalcitonin as a Marker of Serious Bacterial Infections in Febrile Children Younger Than 3ÂYears Old. Academic Emergency Medicine, 2014, 21, 171-179.	1.8	50
14	Risk of Bacterial Coinfections in Febrile Infants 60 Days Old and Younger with Documented Viral Infections. Journal of Pediatrics, 2018, 203, 86-91.e2.	1.8	46
15	Interpretation of Cerebrospinal Fluid White Blood Cell Counts in Young Infants With a Traumatic Lumbar Puncture. Annals of Emergency Medicine, 2017, 69, 622-631.	0.6	43
16	Evaluation of a Child Guidance Model for Visits for Mental Disorders to an Inner-City Pediatric Emergency Department. Pediatric Emergency Care, 2007, 23, 212-217.	0.9	37
17	RNA Transcriptional Biosignature Analysis for Identifying Febrile Infants With Serious Bacterial Infections in the Emergency Department. Pediatric Emergency Care, 2015, 31, 1-5.	0.9	36
18	Accuracy of the Abdominal Examination for Identifying Children with Blunt Intra-Abdominal Injuries. Journal of Pediatrics, 2014, 165, 1230-1235,e5.	1.8	27

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19	Determining the longitudinal validity and meaningful differences in HRQL of the PedsQLâ,,¢ Sickle Cell Disease Module. Health and Quality of Life Outcomes, 2017, 15, 124.	2.4	26
20	Risk of Serious Bacterial Infection in Infants Aged â‰ ® 0 Days Presenting to Emergency Departments with a History of Fever Only. Journal of Pediatrics, 2019, 204, 191-195.	1.8	26
21	Practice Variation in the Evaluation and Disposition of Febrile Infants â‰ ® 0ÂDays of Age. Journal of Emergency Medicine, 2019, 56, 583-591.	0.7	25
22	Clinical Presentations and Outcomes of Children With Basilar Skull Fractures After Blunt Head Trauma. Annals of Emergency Medicine, 2016, 68, 431-440.e1.	0.6	24
23	Comparison of Clinician Suspicion Versus a Clinical Prediction Rule in Identifying Children at Risk for Intraâ€abdominal Injuries After Blunt Torso Trauma. Academic Emergency Medicine, 2015, 22, 1034-1041.	1.8	23
24	Diagnostic Decision-Making in the Emergency Department. Pediatric Clinics of North America, 2018, 65, 1097-1105.	1.8	21
25	Evaluation of an Emergency Department–Based Enrollment Program for Uninsured Children. Annals of Emergency Medicine, 2005, 45, 245-250.	0.6	20
26	Performance of the Modified Boston and Philadelphia Criteria for Invasive Bacterial Infections. Pediatrics, 2020, 145, .	2.1	18
27	Pediatric Emergency Care Research Networks: A Research Agenda. Academic Emergency Medicine, 2018, 25, 1336-1344.	1.8	17
28	Randomised controlled trial of <i>Lactobacillus rhamnosus</i> (LGG) versus placebo in children presenting to the emergency department with acute gastroenteritis: the PECARN probiotic study protocol. BMJ Open, 2017, 7, e018115.	1.9	16
29	Challenges Enrolling Children Into Traumatic Brain Injury Trials: An Observational Study. Academic Emergency Medicine, 2017, 24, 31-39.	1.8	13
30	Acute severe paediatric asthma: study protocol for the development of a core outcome set, a Pediatric Emergency Research Networks (PERN) study. Trials, 2020, 21, 72.	1.6	12
31	Predictors of Invasive Herpes Simplex Virus Infection in Young Infants. Pediatrics, 2021, 148, .	2.1	12
32	Role of Serum Procalcitonin in Identifying Young Febrile Infants With Invasive Bacterial Infections. JAMA Pediatrics, 2016, 170, 17.	6.2	11
33	Consensus guidelines on evaluation and management of the febrile child presenting to the emergency department in India. Indian Pediatrics, 2017, 54, 652-660.	0.4	9
34	Pathogen-Specific Effects of Probiotics in Children With Acute Gastroenteritis Seeking Emergency Care: A Randomized Trial. Clinical Infectious Diseases, 2022, 75, 55-64.	5.8	9
35	Accuracy of automated identification of delayed diagnosis of pediatric appendicitis and sepsis in the ED. Emergency Medicine Journal, 2019, 36, emermed-2019-208841.	1.0	7
36	Development of a rubric for assessing delayed diagnosis of appendicitis, diabetic ketoacidosis and sepsis. Diagnosis, 2021, 8, 219-225.	1.9	7

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#	Article	IF	CITATIONS
37	Association between Age, Weight, and Dose and Clinical Response to Probiotics in Children with Acute Gastroenteritis. Journal of Nutrition, 2021, 151, 65-72.	2.9	7
38	The importance of developing global emergency medicine research network. American Journal of Emergency Medicine, 2019, 37, 744-745.	1.6	6
39	A Clobal Survey of Emergency Department Responses to the COVID-19 Pandemic. Western Journal of Emergency Medicine, 2021, 22, 1037-1044.	1.1	6
40	Identifying trigger concepts to screen emergency department visits for diagnostic errors. Diagnosis, 2021, 8, 340-346.	1.9	6
41	Decision Making. Critical Care Clinics, 2022, 38, 37-49.	2.6	6
42	The Future Possibilities of Diagnostic Testing for the Evaluation of Febrile Infants. JAMA Pediatrics, 2013, 167, 888.	6.2	4
43	Initiating an online asthma management program in urban emergency departments: the recruitment experience. Annals of Allergy, Asthma and Immunology, 2016, 116, 43-48.	1.0	4
44	Application of the Bacterial Meningitis Score for Infants Aged 0 to 60 Days. Journal of the Pediatric Infectious Diseases Society, 2019, 8, 559-562.	1.3	4
45	Association Between Diarrhea Duration and Severity and Probiotic Efficacy in Children With Acute Gastroenteritis. American Journal of Gastroenterology, 2021, 116, 1523-1532.	0.4	4
46	Approach to suspected physeal fractures in the emergency department. Journal of Emergencies, Trauma and Shock, 2021, 14, 222.	0.7	4
47	Variables Associated With Intravenous Rehydration and Hospitalization in Children With Acute Gastroenteritis. JAMA Network Open, 2021, 4, e216433.	5.9	3
48	Early prediction of serious infections in febrile infants incorporating heart rate variability in an emergency department: a pilot study. Emergency Medicine Journal, 2021, 38, 607-612.	1.0	3
49	Comparing Pediatric Gastroenteritis Emergency Department Care in Canada and the United States. Pediatrics, 2021, 147, e2020030890.	2.1	3
50	Understanding diagnostic processes in emergency departments: a mixed methods case study protocol. BMJ Open, 2021, 11, e044194.	1.9	3
51	Identifying Serious Bacterial Infections in Febrile Young Infants. Indian Pediatrics, 2021, 58, 15-19.	0.4	2
52	Monitoring Diagnostic Safety Risks in Emergency Departments: Protocol for a Machine Learning Study. JMIR Research Protocols, 2021, 10, e24642.	1.0	2
53	Oral Ondansetron Administration in Children Seeking Emergency Department Care for Acute Gastroenteritis: A Patient-Level Propensity-Matched Analysis. Annals of Emergency Medicine, 2021, , .	0.6	2
54	A Multi-Center Randomized Controlled Trial of Intravenous Magnesium for Sickle Cell Pain Crisis in Children. Blood, 2014, 124, 88-88.	1.4	2

#	Article	IF	CITATIONS
55	2019 WACEM - Academic college of emergency experts consensus recommendations on admission criteria to pediatric intensive care unit from the emergency departments in India. Journal of Emergencies, Trauma and Shock, 2019, 12, 155.	0.7	2
56	Factors Associated With Nonadherence in an Emergency Departmentâ€based Multicenter Randomized Clinical Trial of a Probiotic in Children With Acute Gastroenteritis. Journal of Pediatric Gastroenterology and Nutrition, 2021, 72, 24-28.	1.8	2
57	Radiographic Pneumonia in Febrile Infants 60 Days and Younger. Pediatric Emergency Care, 2021, 37, e221-e226.	0.9	2
58	Pediatric Patient Safety: Shared Learning to Improve Patient Outcomes. Pediatrics, 2021, 148, e2021051017.	2.1	1
59	Pediatric Emergency Medicine. Pediatric Clinics of North America, 2018, 65, xvii-xix.	1.8	Ο
60	Prediction Models for Febrile Infants: Time for a Unified Field Theory. Pediatrics, 2019, 144, .	2.1	0
61	Lack of Association of Household Income and Acute Gastroenteritis Disease Severity in Young Children: A Cohort Study. Academic Pediatrics, 2021, , .	2.0	Ο
62	Association Between Diarrhea Duration and Severity and Probiotic Efficacy in Children With Acute Gastroenteritis. SSRN Electronic Journal, 0, , .	0.4	0
63	An evidence-based approach to evaluation and management of the febrile child in Indian emergency department. International Journal of Critical Illness and Injury Science, 2018, 8, 63-72.	0.6	Ο
64	Derivation of the Pediatric Acute Gastroenteritis Risk Score to Predict Moderateâ€ŧo‣evere Acute Gastroenteritis. Journal of Pediatric Gastroenterology and Nutrition, 2022, 74, 446-453.	1.8	0
65	Preauricular swelling: commentary. Diagnosis: chronic mastoiditis. Clinical Pediatrics, 2006, 45, 583-5.	0.8	Ο
66	Evaluation and Validation of a Model for Identifying Serious Bacterial Infections among Children Presenting to the Emergency: PediatricÂEmergency Medicine Physician's Viewpoint. Indian Pediatrics, 2017, 54, 865-866.	0.4	0
67	Identifying Serious Bacterial Infections in Febrile Young Infants. Indian Pediatrics, 2021, 58, 15-19.	0.4	Ο
68	The World Health Organization Collaborating Center for Emergency and Trauma (WHO-CCET) in South East Asia, The World Academic Council of Emergency Medicine (WACEM), and The American College of Academic International Medicine (ACAIM) 2021 Framework for using Telemedicine	0.7	0

Technology at Healthcare Institutions. Journal of Emergencies, Trauma and Shock, 2021, 14, 173-179.