

Joseph Epstein Centre for Emergency Medicine Research

25 Year Report



Western Health 

Acknowledgements

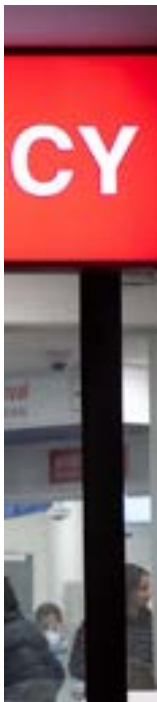
We acknowledge the Traditional Custodians of all the lands and waterways on which Western Health staff, volunteers, consumers and caregivers come together.

As we work, learn and grow, we pay our deep respects to the Elders and Traditional Custodians past, present and emerging of the Wurundjeri Woi-Wurrung, Boon Wurrung, Bunurong and Wadawurrung Countries of the greater Kulin Nation.

We are committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation. Western Health is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and we are truly guided by the values of relationship, responsibility and respect.



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Message from the CEO



Message from Russell

For 25 years, the Joseph Epstein Centre for Emergency Medicine Research has reflected the very best of curiosity, collaboration, clinical excellence and an unwavering commitment to improving care for the communities we serve.

Established in 2001, the Centre was founded with a clear ambition to follow in the footsteps of the name of the research unit and be a leader and centre of excellence in Emergency Medicine and related research.

That ambition has been more than realised. Through high-quality clinical research, multidisciplinary partnerships and a practical focus on translating evidence into better practice for patient care, the Centre

has made a lasting contribution locally, nationally and internationally. The breadth of the Centre's work is impressive. Its research has influenced practice in areas including intranasal naloxone for opioid overdose, venous blood gas analysis, emergency headache care, dyspnoea, paediatric weight estimation, pain management, health law, mental health and occupational violence. Many of these works began with questions raised by clinicians at the bedside and have gone on to be answered in ways that have changed care well beyond Western Health.

They say numbers can tell a story – well the achievements captured in this report are remarkable: more than 270 journal articles, 34 book chapters, two edited books, three completed PhD supervisions, 35 completed Emergency Medicine registrar research projects, and nearly 30 medical student research projects. These numbers do tell an important story, not only of incredible productivity and passion, but of sustained intellectual leadership, capacity building and commitment to developing the next generation of clinician-researchers.

The Centre's collaborative model has also been central to its success. From Western Health's emergency



departments in Melbourne's west, its work has extended across Australia and internationally, including major collaborations such as the AANZDEM and HEAD studies. These partnerships demonstrate the power of bringing clinicians, researchers, students, ambulance services, universities and health services together to solve shared questions that matter to patients.

As we mark the Centre's 25th year, it is also fitting to acknowledge the extraordinary leadership of Professor Anne-Maree Kelly, the Centre's inaugural Director.

Her vision, energy and insistence that research must improve clinical care have shaped the Centre's culture and impact. On the occasion of her retirement, we extend our sincere thanks for her incredible 33-year contribution to Western Health, to Emergency Medicine and to patients here, around the country and around the world. Anne-Maree's drive passion commitment and care have seen her in many diverse roles including this one and I wanted to record my thanks to her for this.

Through clinical roles, leadership, teaching, and research she has made an outstanding contribution to Western Health and health care more globally. This report is both a record of achievement and a reminder of why research matters. It shows how we can improve safety, reduce unnecessary intervention, support clinicians and deliver better outcomes for patients.

On behalf of Western Health, I congratulate everyone who has contributed to the Centre's first 25 years and look forward to seeing its work continue.

Professor Russell Harrison
CEO

Executive Summary

The Joseph Epstein Centre for Emergency Medicine Research was opened in 2001 with the aim of being a leader and centre of excellence in Emergency Medicine and related research.

The Centre focuses on clinical research directly related to improving clinical practice in emergency departments. Its approaches are multi-disciplinary and collaborative and its projects address questions in prehospital, nursing, emergency medical and critical care domains. At inception its aims were to:

- Perform high quality clinical research in the areas of emergency medicine and prehospital care
- Develop partnerships for research, both across regions (national and international) and across disciplines (ambulance, medical, nursing and community)
- Provide education and support to clinicians in prehospital care and emergency medicine in order to develop research that will improve outcomes for patients
- Demonstrate the translation of evidence into improved practice.

The Centre also has had a strong education and capacity building focus. This has included hosting medical students for research projects, particularly through relationships with The University of Melbourne, and supporting Australasian College for Emergency Medicine trainees to complete the research requirement of their training.

2026 is the Centre's 25th year and it is timely to look back on its progress and achievements, particularly with the imminent retirement of its inaugural Director, Professor Anne-Maree Kelly.

The Centre has led, and contributed to, a wide range of projects and that have resulted in significant practice change - locally, regionally and internationally. This is due to the flexibility of our research model that is not focussed on one theme or condition but pivots to address emerging clinical questions and challenges. The model also encourages on-the-floor clinicians to raise and help answer key questions in emergency care.



Highlights

- Co-supervised 3 completed PhD
- Edited 2 books
- Contributed 34 books chapters
- Published 273 journal articles
- Supervised 29 medical student research projects, resulting in 19 publications in scientific journals.
- Supervised 35 completed research projects by Emergency Medicine registrars.
- Silver Award Winner, Victorian Public Healthcare Awards. Effectiveness and safety of intranasal naloxone for the treatment of heroin overdose by paramedics. (2008)
- Morson Taylor Research Award, Australasian College for Emergency Medicine. Determining the value of intermediate troponin values with respect to short- and medium-term prognosis. (2008)
- Rod Little prize at the Royal College for Emergency Medicine (UK) Annual Scientific Conference 2021 for the paper 'Thunderclap headache syndrome presenting to the Emergency Department: an international multicentre observational cohort study'



History

The Joseph Epstein Centre for Emergency Medicine Research was established by Western Health in 2001 and opened by the then Health Minister, the Hon. John Thwaites on 13 February 2001.

It is named in honour of Professor Joseph Epstein, a founding father of Emergency Medicine in Australasia, President of the Australasian College for Emergency Medicine and long serving Director of the Emergency Department at Footscray Hospital. It was his firm conviction that:

‘Emergency Medicine could only finally take its place in the “house of medicine” when it can lay claim to sustained, quality intellectual productivity that reflects the unique opportunities afforded to Emergency Medicine in the chain of care provided to patients who need and deserve quality emergency medical care.’ (Joseph Epstein, 2001)

The Centre focuses on clinical research directly related to improving clinical practice in emergency departments. Our approaches are multi-disciplinary and collaborative and our projects address questions in prehospital, nursing, emergency medical and critical care domains.

The Centre works closely with the Department of Emergency Medicine of Western Health, which has three emergency department campuses and two urgent care centres located in the western suburbs of Melbourne. Its small permanent staff has been supplemented by medical students and specialist trainees gaining research experience.

A key focus of the Centre is bringing together collaborations – both internal and external. Notably, it was the initiator and lead site for two major international collaborations, the Asia, Australia and New Zealand Dyspnoea in Emergency Medicine (AANZDEM) project which included more than 3000 patients from 46 study sites in 4 countries and the Headache in Emergency Departments (HEAD study) which included more than 5000 patients from 68 sites in 11 countries.

The Centre has developed a national and international reputation for both the quality and volume of its research output and has frequently presented its research at Emergency Medicine, Cardiology, Pharmacy, Law and other specialist conferences. Since its inception, more than 270 papers have been published in refereed journals – an average of ten per year. A fantastic record and long may it continue.

Anne-Maree Kelly

1 June 2026



Research program highlights

Joseph Epstein Centre for Emergency Medicine Research has broad research interests, but our over-arching aim is the translation of research into better clinical care. These are some examples of how that aim is being achieved.

Intranasal Naloxone for Opiate Overdose

Opiate overdose, especially of injected heroin or fentanyl is potentially fatal. Reversal of their effects with the antidote, naloxone, is lifesaving. Previously naloxone was given by injection, either into a vein or muscle. However, as people needing the antidote can be in confined spaces and commonly carry viruses (such as hepatitis C or HIV), administration by injection was awkward and carried risks for rescuers.

This research program, much of it forming Debra Kerr's PhD thesis, found that administration into the nose via an atomiser was effective and a viable alternative to injection.

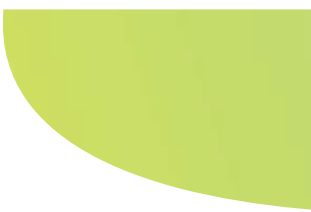
This work has changed practice in a number of ambulance services around the world. It was the winner of a Victorian Public Healthcare Award in 2008. Since the publication of the pioneering research, intranasal naloxone has been extended to peer-to-peer administration in several jurisdictions.

Blood Gas Analysis

Blood gas analysis is an important tool for the assessment of acid-base status and ventilatory function. Traditionally, arterial samples were used, but they are painful and carry a risk of serious complications. Venous samples were an alternative; however, little was known about agreement between arterial and venous values of key parameters.

Through a series of studies, beginning in 2001, we have established how venous and arterial values relate to one another in a variety of clinical conditions – both metabolic and respiratory.

This research has changed clinical practice internationally with many arterial punctures to be replaced by venous samples with less discomfort for patients, less exposure to complications and improved staff safety. Venous blood gas analysis has also made its way into international clinical guidelines.



Research program highlights

Asia, Australia and New Zealand Dyspnoea in Emergency Departments (AANZDEM study)

This multisite study conducted in Australia, New Zealand, Singapore, Hong Kong and Malaysia (more than 3000 patients across 46 sites) investigated the causes, treatment and outcome of patients with dyspnoea (shortness of breath) presenting to emergency departments.

It resulted in 13 publications in peer reviewed journals and led to a collaboration with the European Society for Emergency Medicine Research Network to explore international differences in epidemiology, management and outcomes. It provided important information about the very diverse causes of shortness of breath – not just the traditionally taught cardiac and respiratory causes.

It also specifically investigated the subgroups of elderly patients and patients who arrive by ambulance who have a different pattern of disease from the overall group. The data also allowed us to assess guideline compliance for high prevalence conditions and make suggestions for improvement.

Headache in Emergency Departments (HEAD study)

This large international cohort study collected data on more than 5000 patients from 68 sites in 11 countries. This study was unusual in design.

It investigated from the perspective of the symptom of headache rather than particular diagnoses or investigations. It resulted in 11 publications in peer reviewed journals and provided new information about the epidemiology of headache in emergency department patients, migraine, risk factors for serious headache causes, headache in the elderly and utilization of imaging.

Health Law

This work has focused on the issues of consent, competence and mental health law, with a special focus on patients who are detained by police under Mental Health Act powers. It has challenged commonly held assumptions about these people and proposed less restrictive approaches to their assessment and care. It has also influenced process changes, in particular the requirement for written (as well as verbal) handover between police and hospitals staff in Victoria.

JECMR has also supported work by a larger Western Health team regarding the management of patients who exhibit agitation, aggression or violence.



Estimating Children's Weight in Emergencies

Drug doses in children are usually weight-based. In emergency situations it is not always practical to weigh a child in order to calculate the correct dose. There have been several formulae proposed to estimate a child's weight in these circumstances but they had not been validated on Australian children.

This series of work, principally led by Kevin Nguyen (a research student from The University of Melbourne) and Dr. David Krieser, has examined the available formulae, establishing which is most accurate in Australian children.

They also explored parents' accuracy in weight estimation finding that it was more accurate than any of the formulae. This work has changed practice in paediatric emergency departments and recommendations in clinical guidelines about estimation of children's weight in emergencies.

Pain management and research

Pain management is a key quality indicator in emergency departments. Through a series of studies, we researched pain measurement, processes for improving delivery of pain relief and the impact of staff workload on pain management. Our work defining the minimal clinically significant difference in pain on a visual analogue scale in adults was seminal, and has been cited thousands of times.

We also researched measurement of pain in school-aged children defining a minimum clinically significant difference and the accuracy of parental pain assessment. Our work on processes to facilitate nurse-initiated analgesia has been widely disseminated and has changed practice both in Australia and around the world.

Research Team

Director

Professor Anne-Maree Kelly

Emergency physician Western Health Professional Fellow, The University of Melbourne, School of Medicine, Department of Critical Care.

Adjunct Professor, Australian Centre for Health Law Research, Queensland University of Technology.



- MBBS
- MD
- MClinEd
- MHIth&MedLaw
- FACEM

Research Managers

Debra Kerr (2001-9)

- PhD
- MBusLead
- Grad Cert Education (Tertiary Ed)
- Grad Cert Clin Res Meth
- BN

Debra is now Associate Professor in Nursing in the Western Health/Deakin University partnership.

Sharon Klim (2009-2022)

- BN
- PGDACN (Emerg)



Research assistants and administration/ethics support

Kerrie Russell

(2003-2022, pictured)

Kerrie is now Ethics and Governance Officer in Western Health's Office for Research

Megan Clooney

Karen Enno



Visiting International Research Fellows

Professor Stephen Goodacre

School of Health and Related Research, University of Sheffield, United Kingdom

Dr Beng Leong Lim

Tan Tock Seng Hospital, Singapore



Collaborators

The Centre has been highly successful in its aim of developing partnerships for research, bringing together organisations and health services across Australia and the world to work on important clinical questions.

Organisations

Australia

- Ambulance Victoria
- Australian National University
- CSIRO
- Heart Foundation
- The Burnett Institute
- Turning Point Drug and Alcohol Service
- Centre for Health Law Research, Queensland University of Technology
- Victoria University

International

- The University of Sheffield, United Kingdom
- Accident and Emergency Medicine Academic Unit, Chinese University of Hong Kong
- London School of Hygiene and Tropical Medicine
- Ottawa Health Research Institute/ University of Ottawa, Canada
- Trainee Emergency Research Network, United Kingdom
- Aalborg University, Aalborg, Denmark
- European Society for Emergency Medicine Research Network
- National University of Singapore
- Emergency Medicine Research Group Edinburgh
- University of Auckland, School of Medicine

The Centre has been highly successful in its aim of developing partnerships for research, bringing together organisations and health services across Australia and the world to work on important clinical questions.

Collaborators

Health Services

Australia

Australian Capital Territory

Calvary Hospital

Canberra Hospital

NSW

Albury Hospital	Concord Repatriation Hospital	Mt Druitt Hospital	Royal North Shore Hospital	St George Hospital
Auburn Hospital	Dubbo Hospital	Nepean Hospital	Shell Harbour Hospital	Sydney Adventist Hospital
Bankstown-Lidcombe Hospital	Hornsby-Ku-Ring-Gai Hospital	Newcastle Hospital	Sutherland Hospital	Sydney Children's Hospital
Blacktown Hospital	Mona Vale Hospital	Orange Base Hospital	Tamworth Base Hospital	Wagga Wagga Hospital
Canterbury Hospital	Lismore Hospital	Port Macquarie Base and Kempsey District Hospitals	Tweed Hospital	Wollongong Hospital
Coff's Harbour Hospital	Liverpool Hospital	Royal Prince Alfred Hospital	St Vincent's Hospital	

Northern Territory

Alice Springs Hospital

Royal Darwin Hospital

South Australia

Flinders Medical Centre	Modbury Hospital	Royal Adelaide Hospital
Lyell McEwin Health Hospital	Queen Elizabeth Hospital	Women's and Children's Hospital

Tasmania

Launceston Hospital

Royal Hobart Hospital



Queensland

Caboolture Hospital	Ipswich Hospital	Mt Isa Hospital	Redcliffe Hospital	Royal Brisbane and Women's Hospital
Cairns Hospital	Logan Hospital	Nambour Hospital	Redlands Hospital	St Andrew's War Memorial Hospital
Greenslopes Private Hospital	Mackay Hospital	Prince Charles Hospital	Robina Hospital	Townsville Hospital
Gold Coast Hospital	Mater Children's Hospital	Princess Alexandra Hospital	Rockhampton Hospital	Mater Misericordiae Hospital
Queen Elizabeth II Jubilee Hospital	Royal Children's Hospital			

Victoria

Angliss Hospital	Cabrini Hospital	Goulburn Valley Health Service	Royal Children's Hospital	Werribee Mercy Hospital
Austin Hospital	Casey Hospital	Knox Private Hospital	Royal Melbourne Hospital	Wimmera Hospital
Ballarat Hospital	Dandenong Hospital	Maroondah Hospital	St Vincent's Hospital	
Bendigo Hospital	Epworth Hospital	Monash Medical Centre	Sunshine Hospital	
Box Hill Hospital	Footscray Hospital	Peninsula Health	University Hospital Geelong	

Western Australia

Armadale Hospital	Fremantle Hospital	Joondalup Health Campus Hospital
Peel Health	Rockingham-Kwinana Hospital	Sir Charles Gairdner Hospital
St John of God Murdoch Hospital		

Collaborators

Health Services

International

Belgium

- Institute of Experimental and Clinical Research, Emergency Department, Saint-Luc University Hospital, Brussels
- Saint-Luc University Hospital, Brussels
- Saint Michel, Clinique de l'Europe, Etterbeek, Brussels
- Saint Elisabeth, Clinique de l'Europe, Uccle, Brussels
- CHR Hal

Colombia

- Neurológico de Colombia, Medellin
- France
- CHU Tours, Tours
- CH Vendôme
- CHR Orléans

Hong Kong

- Prince of Wales Hospital
- Pamela Youde Nethersole Eastern Hospital
- Queen Mary Hospital

Israel

- Tel-Aviv Sourasky Medical Center

Malaysia

- Tuen Mun Hospital
- Universiti Kebangsaan Hospital
- Hospital Universiti Sains

New Zealand

- Auckland City Hospital
- Christchurch Hospital
- Dunedin Hospital
- Hawkes Bay Hospital
- Hutt Valley Hospital
- Nelson Hospital
- North Shore and Waitakere Hospitals
- Palmerston North Hospital
- Taranaki District Health Board
- Tauranga Hospital
- Wellington Regional Hospital

Romania

- University County Hospital Cluj-Napoca

Singapore

- Changi General Hospital
- Khoo Teck Puat Hospital
- National University Hospital
- Ng Teng Fong General Hospital
- Sengkang General Hospital

Türkiye

- University of Health Sciences Mehmet Akif Inan Training and Research Hospital, Sanliurfa
- Tokat Erbaa Government Hospital, Tokat
- Bursa Çekirge Government Hospital of Emergency Service, Bursa
- Hakkari Yuksekova Government Hospital, Hakkari
- Gazi University Faculty of Medicine Department of Emergency Medicine, Ankara
- Numune Research and Training Hospital, Ankara
- University Of Health Sciences Bacilar Training and Research Hospital, Istanbul
- Yıldırım Beyazıt University Department of Emergency Medicine, Ankara
- Antalya Ataturk Government Hospital of Medicine, Antalya

United Kingdom

- Royal Infirmary of Edinburgh
- Salford Royal NHS Foundation Trust
- North Bristol NHS Trust
- Musgrove Park Hospital, Taunton
- Royal Devon and Exeter NHS Foundation
- Manchester Royal Infirmary

Supervision

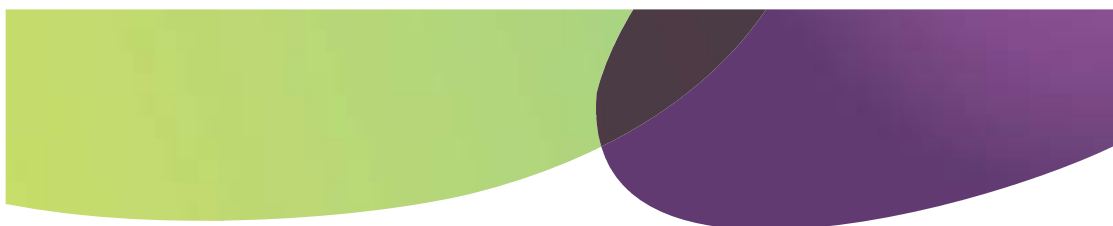
PhD SUPERVISION

1. Debra KERR - Intranasal naloxone for the treatment of acute opioid overdose in the prehospital setting. 2006-9. Monash University (co-supervision with Professors P Dietze, D Jolly)
2. Kean SOON - The role of multi-slice CT in the investigation of coronary arteries. 2005-8. The University of Melbourne. (co-supervision with Professor Y Lim)
3. Bill LORD - Pain and pain management in an ambulance service. 2005-12. Monash University (co-supervision)
4. Nadim SHAH - Prevalence of asymptomatic coronary artery disease in siblings of young myocardial infarction patients. 2014-2017. The University of Melbourne (co-supervision with Dr K Soon)
6. Gibbons M. How closely do blood gas electrolytes and haemoglobin agree with serum values in adult Emergency Department patients: an observational study.
7. Gerber A, Moynihan C. Compliance with a COPD bundle of care in the ED.
8. Gossat A, Winayak A. Relationship between instability markers and outcomes in patients with wrist fracture.
9. Chow J, Khullar K, Katechia K. Controlled oxygen therapy at emergency department presentation increases the likelihood of achieving target oxygen saturations in patients with exacerbations of chronic obstructive pulmonary disease.
10. Dean T. Failed validation of criteria to predict 30 day intervention in emergency department patients with renal colic.
11. Edward S, Millar N. Sensitivity of proposed clinical decision rules for subarachnoid haemorrhage—an external validation study.
12. Al-Khafaji K. Characteristics and outcome of patients brought to an emergency department under section 10 of the Mental Health Act in Victoria.
13. Ong S. Failed Validation of the Quebec Shoulder Dislocation Rule for Young Adult Patients in an Australian Emergency Department.
14. Delaney B. The Relative Efficacy of Adenosine versus Verapamil for Treatment of Stable Paroxysmal SVT in Adults: A Meta-analysis.
15. Lee HM. Clinical Significance of Initial Troponin I in the Grey Zone In Emergency Department Chest Pain Patients: A Pilot Study.
16. Walcynski T. The Relative Efficacy Of Phenothiazines For The Treatment Of Acute Migraine: A Meta-analysis.
17. Druda A. What is the difference in size

ACEM TRAINEE RESEARCH PROJECT SUPERVISION

35 completed projects.

1. Schultz-Swarthfigure C, Kelly AM. Is waiver of consent for the use of health information for research acceptable to emergency department patients?
2. Ward B, Kollios J. Characteristics and outcome of patients transported by police to emergency departments under section 351 of the Mental Health Act 2014 (Vic)
3. Selleck L, Gibbons M. Does The Evidence Justify Routine Transfer of Residents of Aged Care Facilities For CT Scan After Minor Head Trauma?
4. Patel K. External Validation Of The Modified HOPPE Score To Predict Low Risk Pulmonary Embolism Suitable For Early Discharge.
5. Roberts J, Watt S. Yield of serious axial injury from pan scans after blunt trauma in haemodynamically stable low risk trauma patients.
6. Gibbons M. How closely do blood gas electrolytes and haemoglobin agree with serum values in adult Emergency Department patients: an observational study.
7. Gerber A, Moynihan C. Compliance with a COPD bundle of care in the ED.
8. Gossat A, Winayak A. Relationship between instability markers and outcomes in patients with wrist fracture.
9. Chow J, Khullar K, Katechia K. Controlled oxygen therapy at emergency department presentation increases the likelihood of achieving target oxygen saturations in patients with exacerbations of chronic obstructive pulmonary disease.
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16. Walcynski T. The Relative Efficacy Of Phenothiazines For The Treatment Of Acute Migraine: A Meta-analysis.
17. Druda A. What is the difference in size



- of spontaneous pneumothorax between inspiratory and expiratory xrays?
18. Le Kim L. Are patients on warfarin with high INR being treated according to published guidelines?
 19. Hoi K, Turchin B. How accurate is the Light Index for estimating pneumothorax size?
 20. Hoi K, Chan A. Is cardiac monitoring necessary for intermediate risk acute coronary syndrome patients who have a normal ECG and cardiac biomarkers in the emergency department?
 21. Loy J. Rate of re-expansion of spontaneous pneumothorax estimated using a formula derived from CT volumetric studies.
 22. Brown J. Agreement between Arterial and Venous Values For pH, Bicarbonate, Base Excess and Lactate.
 23. Putland M. Adverse events associated with the use of intravenous adrenaline in emergency department patients presenting with severe asthma.
 24. Weldon D. Comparison between two methods for estimating pneumothorax size from chest xrays.
 25. Menon S. How accurate is weight estimation in the emergency department?
 26. Badcock D. Has the quality of retrospective chart review studies in the emergency medicine literature improved?
 27. Fu P, Douros G. Does potassium concentration measured on blood gas analysis agree with serum potassium in patients with diabetic ketoacidosis?
 28. Cham S, Basire M. Intermediate dose metoclopramide is not more effective than standard dose metoclopramide for patients who present to the ED with nausea and vomiting: A pilot study.
 29. Parker R. How long does stridor-at-rest persist in croup after the administration of oral prednisolone?
 30. Paes C. Outpatient management of deep vein thrombosis: a model with a breakdown of the continuum of care.
 31. Chow L. Application of topical local anaesthetic at triage reduces treatment time for children with lacerations.
 32. McAlpine R, Kyle E. Venous pH can safely replace arterial pH in the initial evaluation of patients in the emergency department.
 33. Hew R. Prevention of stroke in chronic and recurrent atrial fibrillation: role of the emergency department in identification of at-risk patients.
 34. Walby AM. Abstract to publication ratio for papers presented at scientific meetings: How does Emergency Medicine compare?
 35. Koutsogiannis Z. Does high dose ipratropium bromide added to salbutamol improve pulmonary function for patients with chronic obstructive airway disease in the emergency department?

Supervision

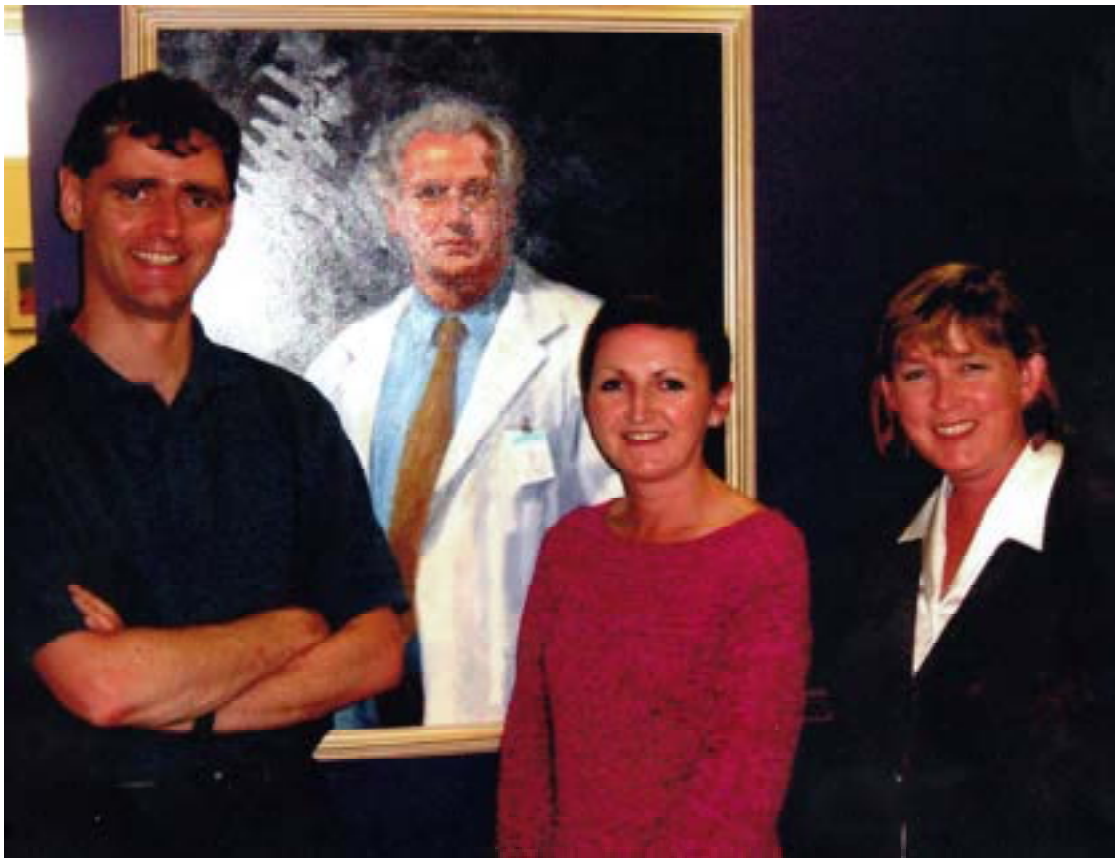
MEDICAL STUDENT AND MASTERS RESEARCH PROJECTS

30 completed projects.

The projects dominated by an asterisk resulted in publications in peer reviewed medical journals.

1. Marsalina HERITRENGGI - Are radiologist-reported tension features on x-ray associated with physiological instability in ED patients with primary spontaneous pneumothorax* (Master of Clinical Research)
2. Yasha RAWICKI - What is the distribution of Aortic Dissection Detection Risk Score in an undifferentiated emergency department chest pain population?*
3. Daming PAN - How accurate is the Best Guess formulae for predicting children's weight in an Australia Emergency Department in 2018-9?*
4. Mieke FOSTER (Deakin University) - Paediatric weight estimation in ED*
5. Imogen ACKERLY - Validation of aged specific cut-offs for D-dimer in patients suspected of pulmonary embolism*
6. Brittany SCOTT-RIMINGTON - How clean is your stethoscope?*
7. Daniel HYNES - Arteriovenous blood gas agreement in hypotension*
8. Daniel RAWICKI - Rates of insertion and use of peripheral intravenous catheters in ED.
9. Prashant DABEE - Validation of the GRACE freedom from events score.*
10. Hong NGUYEN - Evaluation of the ABCD, ABCD2 and California risk scores in identifying patients with high early risk of stroke after transient ischaemic attack.*
11. Darren VAIRAMUTTU - A Descriptive Analysis Of Work-Related Hand Injuries Presenting To The Emergency Department Of Western Hospital Footscray
12. Edwin KWAN - Management and Predictors of Transfer to a Specialised Tertiary Hospital for Children with Croup
13. Robert MITCHELL (Monash University) - Does emergency department workload adversely influence timely analgesia?*
14. Kolin LU - Is the information transferred between emergency departments and aged care facilities adequate?
15. An LE - A comparison of temporal artery and standard temperature measurement in the emergency department?
16. David MAO - Prevalence of blood pressure measurement in children presenting to emergency departments.
17. Adrian PREGILJ - Pre-operative quality of care for patients with fractured neck of femur
18. Ayutami PRATIANINGSARI - What is the yield of abnormal chest x-ray findings for 'rule out ACS' patients?
19. Bronwyn ANDERSON (Monash University) - Capillary Refill Time: Defining normal for adult Australians and determining reproducibility and inter-rater reliability*
20. Teresa COSGRIFF - External Validation of the San Francisco Syncope Rule*
21. Kevin NGUYEN - Validation of the Argall Weight Formula for Estimating Children's Weight.*
22. Andrew LIN - Is Cardiac Monitoring during Transport of Low-risk Chest Pain Patients from the Emergency Department Necessary?
23. James SHELDON - Has radiological imaging reduced the rate of negative appendectomy cases at Western Hospital?
24. Tim BRETTIG - Are Head CT Guidelines being followed?*





- 25. Dane HOLDEN - Reasons and Predictors For Choosing Ambulance Transportation for Patients With Acute Myocardial Infarction*
- 26. Emil PESKA - Do compression and ventilation practices during CPR performed by ED doctors and nurses meet recommended guidelines?*
- 27. Charlotte ELDER - Is routine lipid testing for patients presenting to the emergency department with chest pain worthwhile?*
- 28. Luke BRADSHAW - Implementation of the Canadian C-Spine rule in an emergency department.*
- 29. CATHERINE BRUMBY - Nurse initiated analgesia in an emergency department*
- 30. Eliza EDDY - Investigation and treatment of asthma in an ED*

Publications

BOOK CHAPTERS

1. Kelly AM. Writing for publication in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 6th Edition Churchill Livingstone 2025
2. Parameswaran A, Kelly AM, Asthma in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 6th Edition Churchill Livingstone 2025
3. Lee X, Kelly AM, Pneumothorax in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 6th Edition Churchill Livingstone 2025
4. Kelly AM. Writing for publication in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 5th Edition Churchill Livingstone 2019
5. Kelly AM. Headache in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 5th Edition Churchill Livingstone 2019
6. Kelly AM. Pneumothorax in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 5th Edition Churchill Livingstone 2019
7. Kelly AM. Asthma in Cameron P, Little M, Mitra B, Deasy C. (Editors) Textbook of Adult Emergency Medicine. 5th Edition Churchill Livingstone 2019
8. Kelly AM. Writing for publication in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
9. Kelly AM. Headache in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
10. Kelly AM. Pneumothorax in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
11. Kelly AM, Lee WY. Asthma in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
12. Harney J, Kelly AM, Hayes J. Pericarditis, cardiac tamponade and myocarditis in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
13. Van Den Brand C, Kelly AM. Injuries of the shoulder girdle in Cameron P, Jelinek G, Kelly AM, Brown AFT, Cadogan M (Editors) Textbook of Adult Emergency Medicine. 4th Edition Churchill Livingstone 2014
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SUMMARY

- Edited 2 books
- Contributed 34 books chapters
- Published 273 journal articles

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