



Primary care needs to be there for breathlessness in asthma as much as it needs to be ready with sutures and splints.

ERRATUM

An equation for calculating phenytoin levels in patients with low albumin levels in “Pitfalls & pearls for 8 common lab tests” (*J Fam Pract.* 2014;63:198-205) was incorrect. The equation, known as the Sheiner-Tozer equation, should have read: phenytoin concentration adjusted = concentration reported / ([adjustment × serum albumin] + 0.1), where adjustment = 0.2 for creatinine clearance ≥20, or adjustment = 0.1 for creatinine clearance <20. This equation has been corrected in the online edition of the article.

How often does otitis media cause fever?

I read with interest “Otitis media? Not likely” in your “What’s the Verdict” column (*J Fam Pract.* 2014;63:47). I agree with Dr. Hickner’s assessment that a 3-month-old child who has a fever of 103°F should raise concern for other serious illnesses, yet I disagree that otitis media rarely causes fever.

Fever is relatively common in children with acute otitis media. Schwartz et al,¹ presented a case series of 671 children with otitis media. They could identify no cause of fever other than the ear infection in 23% of patients.

Thomas Bielanski, MD, FAAFP
Oak Park, Ill

1. Schwartz RH, Rodriguez WJ, Brook I, et al. The febrile response in acute otitis media. *JAMA.* 1981;245:2057-2058.

Primary care is first-contact care

As Dr. Hickner noted in his editorial (“Have family physicians abandoned acute care?” *J Fam Pract.* 2013;62:333), there is an



increasing misconception that acute and chronic care—2 sides of the same coin—can be separated. Waning primary care capability for acute care has largely been a matter of a broken market, an overwhelmed and underfunded workforce, and decreasing skills among our newest residency graduates.^{1,2}

Clinicians learn the phrase “acute on chronic” for a reason. Primary care

needs to be there for breathlessness in asthma, foot wounds in diabetes, and suicidality in depression, as much as it needs to be ready with sutures, splints, and imaging. It is first-contact care.

The decentralization of health care is only beginning.³ Blood tests on a smartphone, elastomeric intravenous medication delivery, handheld ultrasound, and home monitoring—these are here, or nearly so. Primary care has the ability to address patients’ urgent needs as never before.

Acute care is another name for someone being sick or hurt. General practitioner and essayist Iona Heath put it best when she said: “It is time medicine got back to its core task of attempting to relieve suffering.”⁴ In a perfect world, acute care would be preventable. In our world, let’s be there to help.

Stephen A. Martin, MD
Barre, Mass

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