

Alarming Signs of Serious Infections in Febrile Children: Studies in Primary Care and Hospital Emergency Care

1. The use of a uniform algorithm for triage at the general practitioner cooperative and emergency department is not desirable, considering the different aims and consequences of triage at both settings. (*This thesis*)
2. General measures to discourage self-referrals from presenting to the emergency department should not be applied to children, since one in four parents properly judged their febrile child's severity of illness. (*This thesis*)
3. Single alarming signs do not sufficiently rule-in or rule-out serious infections in children presenting to primary out-of-hours care and other safeguards are needed to balance the number of patients referred to the emergency department and the number of missed serious diagnoses. (*This thesis*)
4. Recommendations by the national guideline for general practitioners only play a partial role in clinical management decisions made for febrile children consulting the general practitioner cooperative. (*This thesis*)
5. Clinical prediction rules for febrile children derived at hospital emergency care settings are not well translatable to primary out-of-hours care practice. (*This thesis*)
6. The challenges of attaining ideal rule performance must be reconciled with the realities of pediatric practice and the expectations of physicians and parents. (*Maguire JL et al. Pediatrics 2011, 128: e666*)
7. Immune responses triggered by foreign antigens may be sustained by molecular mimicry, i.e. presentation and recognition of cryptic epitopes of self-antigens, leading to autoimmune disease. (*Perl A. Methods Mol Biol 2012, 900:1-9*)
8. Adjusting to a dementia diagnosis leads to conflicts between autonomy and safety, recognizing the need for help but reluctance to accept it, and living in the present and dealing with anxiety about the future. (*Bunn F et al. PloS Med 2012, 9(10): e1001331*)
9. We need to learn more about what our genome can tell us and, more important, what it cannot tell us. (*Ioannidis JPA et al. Ann Intern Med 2009, 150(2):139-141*)
10. Onderwaardering van het nut van de familie-anamnese voor de directe patiëntenzorg leidt tot een vaak weinig consequent vastleggen van relevante gegevens bij patiënten die daarvoor wel in aanmerking komen. (*Prof. dr. C.J. van Asperen, oratie rede, d.d. 24 mei 2013*)
11. Een wetenschapper is een bijzondere vogel: eerst broedt hij en vervolgens legt hij een ei. (*H. Ferwerda*)