ADVANCING ACUTE INTERNAL MEDICINE

Identifying mortality risk following infection and laboratory testing

1. Normothermia does not exclude a serious infection, therefore, absence of fever should not be the only reason to delay antibiotic therapy. (*this thesis*)

2. Comorbidity predicts long-term survival in patients with infection, whilst short-term mortality is predicted better with vital signs. (*this thesis*)

3. Antimicrobial guidelines should be followed in the emergency department regardless of presenting disease severity. (*this thesis*)

4. Laboratory point-of-care testing helps to identify patients with an elevated mortality risk in the emergency department. (*this thesis*)

5. Stratification by indication is a solution to confounding bias that remains despite common adjustment methods. (*this thesis*)

6. Extensive adjustment might be tempting; however, conditioning on shared effects may induce collider bias. (*adapted from Hernán, 2004*)

7. Capitalizing on the idiosyncrasies of the sample at hand induces overfitted models that fail to replicate in future samples. (*Babyak, 2004)*

8. Optimizing drinking behaviors of marathon runners can prevent dysnatremia. (*adapted from Martinez-Cano, 2018*)

9. When an adverse event occurs, the important issue is not who blundered, but how and why the defensive layers of a system failed. (*Reason, 2000*)

10. Point-of-care ultrasound potentially makes ultrasonography the stethoscope of the 21st century. (*Alsma, 2015*)

11. If we knew what it is we were doing, it would not be called research. (*Einstein, 1879-1955*)

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