Supplemental information 2

Risk of bias assessment

Two authors (EK/DG) independently assessed the potential assessed risk of bias of the studies included using the *MINORS*, a methodological index for non-randomised studies.[1] The items were scored 0 if not reported; 1 when reported but inadequate; and 2 when reported and adequate. The global ideal score was 16 for non-comparative studies and 24 for comparative studies (supplemental information 2). As a higher event rate allows to give a more precise estimate of the influence of studied determinants we chose to select the number of events to include in our risk of bias assessment (score 2: A for >500 events, B for 100-500 events and C if less events occurred) , and together with the presence of revisits as primary outcome measure (score 1: A for revisits as primary outcome and B if not) the total risk of bias was assessed (supplemental information 3). We considered low risk of bias when studies fulfilling all *MINORS* criteria; or studies scored a minimum of two A's in score 1 and 2; or studies scored a minimum of B in score 1, 2 and *MINORS*. We considered high risk of bias in all other studies (supplemental information 3). If only abstracts were available they were automatically judged to be at high risk of bias. Consensus was reached by the two reviewers (EK/DG) when there was difference in opinion on an item. If no consensus was reached, the independent opinion of a third reviewer was decisive (RO).

Data analysis - best-evidence synthesis

A narrative 'best-evidence' synthesis based on the study of Tulder et al.(11) was carried out, as meta-analysis of results was not possible owing to heterogeneity in participants, interventions, outcome measures and methodological quality.(11) We performed separate syntheses for the two separated study aims. Strong evidence was defined as two or more studies with low risk of bias and generally consistent findings in all studies (≥75% of the studies reported consistent findings). Moderate evidence was defined as one study with low risk of bias and/or two or more studies with high risk of bias and generally consistent results. Limited evidence was defined as generally consistent findings were found in one study with high risk of bias. Conflicting evidence was defined as less than 75% of the studies reported consistent findings.

Table 1: individual MINORS score

	Clearly stated aim	Inclusion of consecutive patients	Prospective data collection	Endpoints appropriate to study aim	Unbiased assessment of study endpoint	Follow-up period appropriate to study aim	<5% lost to follow-up	Prospective calculation of study size	Adequate control group	Contemporary groups	Baseline equivalence of groups	Adequate statistical analyses	Total
Alessandrini 2004[2]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16
Ali 2012[3]	2	1	2	2	2	2	1	0	NA	NA	NA	NA	12/16
Angoulvant 2013[4]	2	1	2	2	1	2	1	0	NA	NA	NA	NA	11/16
Augustine 2013[5]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Baker 2009[6]	2	1	2	2	2	1	2	2	2	2	2	2	22/24
Berry 2013[7]	2	1	1	2	2	1	2	0	NA	NA	NA	NA	11/16
Black 2010[8]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Bloch 2013[9]	2	2	2	2	2	2	1	0	2	2	2	2	21/24
Browne 2001[10]	2	2	2	2	2	1	2	0	2	1	2	2	20/24
Callery 2010[11]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16
Chang 2008[12]	2	1	1	2	2	2	0	0	2	2	2	2	18/24
Considine 2007[13]	2	1	2	2	2	2	2	0	2	2	2	2	21/24
DePiero 2002[14]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16
Dunlop 2005[15]	2	2	1	2	2	0	2	0	NA	NA	NA	NA	11/16
Easter 2012[16]	2	2	1	2	2	2	1	0	NA	NA	NA	NA	12/16
Fagbuyi 2011[17]	2	2	2	2	2	2	2	0	2	1	2	2	21/24
Florin 2013[18]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16
Freedman 2013[19]	2	2	1	2	2	2	1	1	NA	NA	NA	NA	13/16
Gallagher 2013[20]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16

Gaucher 2012[21]	2	2	1	2	2	2	2	1	NA	NA	NA	NA	14/16
Goldman 2006[22]	2	2	1	2	2	2	2	0	2	2	2	2	21/24
Goldman 2011[23]	2	2	1	2	2	2	2	0	2	2	2	1	20/24
Gregor 2009[24]	2	2	2	2	2	2	1	2	NA	NA	NA	NA	15/16
Horne 1995[25]	2	2	2	2	2	2	1	0	NA	NA	NA	NA	13/16
Hacking 2012[26]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Ismail 2013[27]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Jacobstein 2005[28]	2	2	1	2	2	2	1	2	2	2	2	2	22/24
Jain 2010[29]	2	2	1	2	2	2	2	0	2	2	2	2	21/24
Klein-Kremer 2011[30]	2	2	1	2	2	2	1	0	2	2	2	2	20/24
Lal et al. 1999[31]	1	2	2	2	2	2	2	0	NA	NA	NA	NA	13/16
Lawrence 2009[32]	2	2	1	2	2	2	2	0	2	1	2	2	20/24
LeDuc 2006[33]	2	1	1	2	2	2	1	0	NA	NA	NA	NA	11/16
Liberman 2012[34]	2	1	1	2	2	2	1	2	NA	NA	NA	NA	13/16
Logue 2013[35]	2	1	1	2	2	2	1	0	NA	NA	NA	NA	11/16
Maguire 2011[36]	2	2	2	2	1	0	1	0	NA	NA	NA	NA	10/16
Mansbach 2008[37]	2	2	2	2	2	2	1	0	2	2	2	2	21/24
Michelson 2012[38]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	11/16
Mintegui 2000[39]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mistry 2007[40]	2	1	2	2	2	2	1	2	NA	NA	NA	NA	14/16
Mistry 2009[41]	2	2	2	2	2	2	1	2	NA	NA	NA	NA	15/16
Moineau 2004[42]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Roback 1997[43]	2	2	1	2	2	2	2	1	2	2	2	2	22/24
O'Loughlin 2012[44]	2	1	1	2	1	2	1	0	NA	NA	NA	NA	10/16
O'Neill 2001[45]	2	0	1	1	1	1	0	0	NA	NA	NA	NA	6/16
Patel 2009[46]	2	1	2	2	2	2	1	2	1	2	2	2	21/24
Porter 2000[47]	2	1	2	2	2	0	1	0	NA	NA	NA	NA	10/16
Roland 2011[48]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Roggen 2012[49]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Samuels-Kalow 2013[50]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sartain 2002[51]	2	1	2	2	2	1	2	2	2	2	2	2	22/24
Scarfone 1996[52]	2	1	2	2	2	2	2	0	NA	NA	NA	NA	13/16
Seow 2007[53]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16
Simmons 2012[54]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Small 2005[55]	2	2	2	2	2	2	2	2	2	2	2	2	24/24
Yang 2012[56]	2	2	2	2	2	2	1	0	2	1	2	2	20/24
Zimmerman 1996[57]	2	2	1	2	2	2	2	0	NA	NA	NA	NA	13/16

Table 2.1: Risk of bias assessment

Score 1: Revisit primary outcome		**Score 2:** Number of events (revisits)		**Score 3:** MINORS score	
Yes	A	>500	A	16 or 24	A
No	B	100-500	B	>12 - <16 or >20 - <24	B
		<100	C	≤12 or ≤20	C

Risk of bias (low/ high)

Low risk of bias:

1. Studies fulfilling all MINORS criteria (A)
2. Full article with a minimum of 2 A's in score 1 and 2
3. Minimum of B in score 1, 2 and MINORS

High risk of bias:

1. all other studies

Table 2.2: Risk of bias assessment

Author Year Country	**Revisits primary outcome**	**Score 1**	**N outcome (revisits)**	**Score 2**	**MINORS quality score***	**Score 3**	**Risk of bias (low/ high)**
Alessandrini 2004 USA	Yes	A	1,893	A	13/16	B	Low risk of bias
Ali 2012 USA	Yes	A	124	B	12/16	C	High risk of bias
Angoulvant 2012 France	Yes	A	206	B	11/16	C	High risk of bias
Augustine 2013 USA	Yes	A	13	B	NA	NA	High risk of bias
Baker 2009 USA	Yes	A	105	B	22/24	B	Low risk of bias
Berry 2013 USA	Yes	A	36,734	A	11/16	C	Low risk of bias
Black 2010 UK	Yes	A	91	C	NA	NA	High risk of bias
Bloch 2013 USA	No	B	216	B	21/24	B	Low risk of bias
Browne 2001 Australia	Yes	A	240	B	20/24	C	High risk of bias
Callery 2010 UK	Yes	A	2,433	A	13/16	B	Low risk of bias
Chang 2008 Taiwan	No	B	188	B	18/24	B	Low risk of bias

Considine 2007 Australia	No	B	15	C	21/24	B	High risk of bias
DePiero 2002 USA	Yes	A	261	B	13/16	B	Low risk of bias
Dunlop 2005 Australia	No	B	35	C	11/16	C	High risk of bias
Easter 2012 USA	Yes	A	1,091	A	12/16	C	Low risk of bias
Fagbuyi 2011 USA	No	B	620	A	21/24	C	High risk of bias
Florin 2013 USA	Yes	A	6,439	A	13/16	B	Low risk of bias
Freedman 2013 Canada	Yes	A	543	A	13/16	B	Low risk of bias
Gallagher 2013 USA	Yes	A	1,499	A	13/16	B	Low risk of bias
Gaucher 2012 Canada	No	B	2,534	A	14/16	B	Low risk of bias
Goldman 2006 Canada	Yes	A	1,990	A	21/24	B	Low risk of bias
Goldman 2011 Canada	Yes	A	353	B	20/24	C	High risk of bias
Hacking 2012 UK	Yes	A	130	B	NA	NA	High risk of bias
Gregor 2009 USA	No	B	49	C	15/16	B	High risk of bias
Horne 1995 USA	No	B	171	B	14/16	B	Low risk of bias
Ismail 2013 USA	No	B	63	C	NA	NA	High risk of bias
Jacobstein 2005 USA	Yes	A	165	B	22/24	B	Low risk of bias
Jain 2010 USA	No	B	17,335	A	21/24	B	Low risk of bias
Klein-Kremer 2011 Canada	Yes	A	92	C	20/24	C	High risk of bias
Lal et al. 1999 UK	Yes	A	65	C	13/16	B	High risk of bias
Lawrence 2009 USA	Yes	A	979	A	20/24	C	High risk of bias
LeDuc 2006 USA	Yes	A	237	B	11/16	C	High risk of bias
Liberman 2012 USA	No	B	189	B	13/16	B	Low risk of bias
Logue 2013 Canada	Yes	A	261	B	11/16	C	High risk of bias

Maguire 2011 UK	No	B	29	C	10/16	C	High risk of bias
Mansbach 2008 USA	No	B	837	A	22/24	B	Low risk of bias
Michelson 2012 USA	No	B	7,281	A	12/16	C	High risk of bias
Mintegui 2000 Spain	Yes	A	495	B	NA	NA	High risk of bias
Mistry 2007 USA	Yes	A	76	C	14/16	B	High risk of bias
Mistry 2009 USA	No	B	18	C	15/16	B	High risk of bias
Moineau 2004 Canada	Yes	A	108	B	NA	NA	High risk of bias
Roback 1997 USA	Yes	A	57	C	22/24	B	High risk of bias
O'Loughlin 2012 UK	Yes	A	532	A	10/16	C	High risk of bias
O'Neill 2001 USA	No	B	NS	C	6/16	C	High risk of bias
Patel 2009 USA	No	B	NA	C	21/24	B	High risk of bias
Porter 2000 USA	No	B	NA	C	10/16	C	High risk of bias
Roggen 2012 Belgium	Yes	A	1,864	A	NA	NA	High risk of bias
Roland 2011 UK	No	B	NR	NA	NA	NA	High risk of bias
Samuels-Kalow 2013 USA	Yes	A	14	C	NA	NA	High risk of bias
Sartain 2002 UK	No	B	31	C	22/24	B	High risk of bias
Scarfone 1996 USA	No	B	91	C	13/16	B	High risk of bias
Seow 2007 Taiwan	No	B	115	B	13/16	B	Low risk of bias
Simmons 2012 UK	Yes	A	51	C	NA	NA	High risk of bias
Small 2005 UK	No	B	56	C	24/24	A	Low risk of bias
Yang 2012 Taiwan	Yes	A	9	C	20/24	C	High risk of bias
Zimmerman 1996 USA	Yes	A	242	B	13/16	B	Low risk of bias

Legend supplemental information 3:

[*] Minors: 1. clearly stated aim; 2. inclusion of consecutive patients; 3. prospective data collection; 4. endpoints appropriate to study aim; 5. unbiased assessment of study endpoint; 7. <5% lost to follow-up; 8. prospective calculation of study size; *Additional criteria in the case of comparative study:* 9. adequate control group; 10. contemporary groups; 11. baseline equivalence; 12. adequate statistical analyses

References:

1. Slim K, Nini E, Forestier D, Kwiatkowski F, Panis Y, Chipponi J. Methodological index for non-randomized studies (minors): development and validation of a new instrument. *ANZ J Surg*. 2003;73(9):712-716.
2. Alessandrini EA, Lavelle JM, Grenfell SM, Jacobstein CR, Shaw KN. Return Visits to a Pediatric Emergency Department. *Pediatr Emerg Care*. 2004;20(3):166-171.
3. Ali AB, Place R, Howell J, Malubay SM. Early pediatric emergency department return visits: A prospective patient-centric assessment. *Clin Pediatr*. 2012;51(7):651-658.
4. Angoulvant F, Jumel S, Prot-Labarthe S, Bellettre X, Kahil M, Smail A, et al. Multiple health care visits related to a pediatric emergency visit for young children with common illnesses. *Eur J Pediatr*. 2013;172(6):797-802.
5. Augustine EM, Kreling BA, Chamberlain JM. The parent perspective on return emergency department visits. *J Invest Med*. 2013;61(3):678.
6. Baker MD, Monroe KW, King WD, Sorrentino A, Glaeser PW. Effectiveness of fever education in a pediatric emergency department. *Pediatr Emerg Care*. 2009;25(9):565-568.
7. Berry JG, Toomey SL, Zaslavsky AM, Jha AK, Nakamura MM, Klein DJ, et al. Pediatric readmission prevalence and variability across hospitals. *JAMA*. 2013;309(4):372-380.
8. Black L. Unscheduled re-attendances to a paediatric emergency department: An audit. *Emerg Med J*. 2010;27:A9-A10.
9. Bloch SA, Bloch AJ. Using video discharge instructions as an adjunct to standard written instructions improved caregivers' understanding of their child's emergency department visit, plan, and follow-up: A randomized controlled trial. *Pediatr Emerg Care*. 2013;29(6):699-704.
10. Browne GJ, Giles H, McCaskill ME, Fasher BJ, Lam LT. The benefits of using clinical pathways for managing acute paediatric illness in an emergency department. *J Qual Clin Pract*. 2001;21(3):50-55.
11. Callery P, Kyle RG, Campbell M, Banks M, Kirk S, Powell P. Readmission in children's emergency care: An analysis of hospital episode statistics. *Arch Dis Child*. 2010;95(5):341-346.
12. Chang YC, Lo HC, Tzeng YM, Yen DHT, Jeng MJ, Huang CI, et al. Comparative clinical practice of residents and attending physicians who care for pediatric patients in the emergency department. *Pediatr Emerg Care*. 2008;24(6):364-369.
13. Considine J, Brennan D. Effect of an evidence-based education programme on ED discharge advice for febrile children. *J Clin Nurs*. 2007;16(9):1687-1694.
14. Depiero AD, Ochsenschlager DW, Chamberlain JM. Analysis of pediatric hospitalizations after emergency department release as a quality improvement tool. *Ann Emerg Med*. 2002;39(2):159-163.
15. Dunlop S, Taitz J. Retrospective review of the management of simple febrile convulsions at a tertiary paediatric institution. *J Paediatr Child Health*. 2005;41(12):647-651.
16. Easter JS, Bachur R. Physicians' Assessment of Pediatric Returns to the Emergency Department. *J Emerg Med*. 2012.
17. Fagbuyi DB, Brown KM, Mathison DJ, Kingsnorth J, Morrison S, Saidinejad M, et al. A rapid medical screening process improves emergency department patient flow during surge associated with novel H1N1 influenza virus. *Ann Emerg Med*. 2011;57(1):52-59.
18. Florin TA, French B, Zorc JJ, Alpern ER, Shah SS. Variation in emergency department diagnostic testing and disposition outcomes in pneumonia. *Pediatrics*. 2013;132(2):237-244.
19. Freedman SB, Thull-Freedman JD, Rumantir M, Atenafu EG, Stephens D. Emergency department revisits in children with gastroenteritis. *J Pediatr Gastroenterol Nutr*. 2013;57(5):612-618.
20. Gallagher RA, Porter S, Monuteaux MC, Stack AM. Unscheduled return visits to the emergency department: the impact of language. *PEDIATR EMERG CARE*. 2013;29(5):579-583.
21. Gaucher N, Bailey B, Gravel J. Impact of physicians' characteristics on the admission risk among children visiting a pediatric emergency department. *Pediatr Emerg Care*. 2012;28(2):120-124.
22. Goldman RD, Ong M, Macpherson A. Unscheduled return visits to the pediatric emergency department-one-year experience. *Pediatr Emerg Care*. 2006;22(8):545-549.
23. Goldman RD, Kapoor A, Mehta S. Children admitted to the hospital after returning to the emergency department within 72 hours. *PEDIATR EMERG CARE*. 2011;27(9):808-811.
24. Gregor MA, Wheeler JRC, Stanley RM, Mahajan PV, Maio RF, Piette JD. Caregiver adherence to follow-up after an emergency department visit for common pediatric illnesses: Impact on future ED use. *Med Care*. 2009;47(3):326-333.
25. Horne A, Ros SP. Telephone follow-up of patients discharged from the emergency department: How reliable? *PEDIATR EMERG CARE*. 1995;11(3):173-175.
26. Hacking K, Christian W. Clinical quality indicators in the children's emergency department-why do children re-attend? *Arch Dis Child*. 2012;97:A144-A145.
27. Ismail S, McIntosh M, Kalynych C, Joseph M, Wylie T, Butterfield R, et al. Impact of video discharge instructions from the emergency department in regard to caregiver understanding of their child's fever and closed head injury. *Ann Emerg Med*. 2013;62(4):S17.
28. Jacobstein CR, Alessandrini EA, Lavelle JM, Shaw KN. Unscheduled revisits to a pediatric emergency department: risk factors for children with fever or infection-related complaints. *Pediatr Emerg Care*. 2005;21(12):816-821.
29. Jain S, Elon LK, Johnson BA, Frank G, DeGuzman M. Physician Practice Variation in the Pediatric Emergency Department and Its Impact on Resource Use and Quality of Care. *Pediatric emergency care*. 2010;26(12):902-908.
30. Klein-Kremer A, Goldman RD. Return visits to the emergency department among febrile children 3 to 36 months of age. *Pediatr Emerg Care*. 2011;27(12):1126-1129.
31. Lal MK, Kibirige MS. Unscheduled return visits within 72 hours to an assessment unit. *Arch Dis Child*. 1999;80(5):455-458.
32. Lawrence LM, Jenkins CA, Zhou C, Givens TG. The effect of diagnosis-specific computerized discharge instructions on 72-hour return visits to the pediatric emergency department. *Pediatr Emerg Care*. 2009;25(11):733-738.
33. LeDuc K, Rosebrook H, Rannie M, Gao D. Pediatric emergency department recidivism: Demographic characteristics and diagnostic predictors. *J Emerg Nurs*. 2006;32(2):131-138.
34. Liberman DB, Shelef DQ, He J, McCarter R, Teach SJ. Low rates of follow-up with primary care providers after pediatric emergency department visits for respiratory tract Illnesses. *Pediatr Emerg Care*. 2012;28(10):956-961.

35. Logue EP, Ali S, Spiers J, Newton AS, Lander JA. Characteristics of patients and families who make early return visits to the pediatric emergency department. *Open Access Emerg Med*. 2013;5:9-15.
36. Maguire S, Ranmal R, Komulainen S, Pearse S, Maconochie I, Lakhanpaul M, et al. Which urgent care services do febrile children use and why? *Arch Dis Child*. 2011;96(9):810-816.
37. Mansbach JM, Clark S, Christopher NC, LoVecchio F, Kunz S, Acholonu U, et al. Prospective multicenter study of bronchiolitis: Predicting safe discharges from the emergency department. *PEDIATRICS*. 2008;121(4):680-688.
38. Michelson KA, Monuteaux MC, Stack AM, Bachur RG. Pediatric emergency department crowding is associated with a lower likelihood of hospital admission. *Acad Emerg Med*. 2012;19(7):816-820.
39. Mintegui Raso S, Benito Fernandez J, Vazquez Ronco MA, Ortiz Andres A, Capape Zache S, Fernandez Landaluce A. Children's unscheduled return visits to an emergency department. *An Esp Pediatr*. 2000;52(6):542-547.
40. Mistry RD, Stevens MW, Gorelick MH. Short-term outcomes of pediatric emergency department febrile illnesses. *Pediatr Emerg Care*. 2007;23(9):617-623.
41. Mistry RD, Stevens MW, Gorelick MH. Health-related quality of life for pediatric emergency department febrile illnesses: An Evaluation of the Pediatric Quality of Life Inventory(trademark) 4.0 generic core scales. *Health Qual Life Outcomes*. 2009;7.
42. Moineau G, McKinnon A, Gaboury I, Grant V, Pitters C. Unscheduled return visits for gastroenteritis to a pediatric emergency department. *Pediatric Research*. 2004;55(4):129A-129A.
43. Roback MG, Baskin MN. Failure of oxygen saturation and clinical assessment to predict which patients with bronchiolitis discharged from the emergency department will return requiring admission. *Pediatr Emerg Care*. 1997;13(1):9-11.
44. O'Loughlin K, Hacking KA, Simmons N, Christian W, Syahanee R, Shamekh A, et al. Paediatric unplanned reattendance rate: A&E clinical quality indicators. *Arch Dis Child*. 2013;98(3):211-213.
45. O'Neill K, Silvestri A, McDaniel-Yakscoe N. A pediatric emergency department follow-up system: completing the cycle of care. *Pediatr Emerg Care*. 2001;17(5):392-395.
46. Patel B, Kennebeck SS, Caviness AC, Macias CG. Use of a discharge facilitator improves recall of emergency department discharge instructions for acute gastroenteritis. *PEDIATR EMERG CARE*. 2009;25(9):558-564.
47. Porter RS, Wenger FG. Diagnosis and treatment of pediatric fever by caretakers. *J Emerg Med*. 2000;19(1):1-4.
48. Roland D, Geliot T, Patel A. Delivering safety net advice and the emergency department clinical quality indicator of unplanned re-attendance in children. *Emerg Med J*. 2011;28:A13.
49. Roggen I, Van Berlaer G, Lauwaert D, Hubloue I. Hospitalization rate and diagnosis severity increase on children's return visits to the ED. *Acad Emerg Med*. 2012;19(6):773.
50. Samuels-Kalow ME, Stack AM, Amico K, Porter SC. The association between parental language and 72-hour revisits following pediatric emergency department discharge. *Acad Emerg Med*. 2013;20(5):S188.
51. Sartain SA, Maxwell MJ, Todd PJ, Jones KH, Bagust A, Haycox A, et al. Randomised controlled trial comparing an acute paediatric hospital at home scheme with conventional hospital care. *Arch Dis Child*. 2002;87(5):371-375.
52. Scarfone RJ, Joffe MD, Wiley JF, Loiselle JM, Cook RT. Noncompliance with scheduled revisits to a pediatric emergency department. *Archives of pediatrics & adolescent medicine*. 1996;150(9):948-953.
53. Seow VK, Lin ACM, Lin IY, Chen CC, Chen KC, Wang TL, et al. Comparing different patterns for managing febrile children in the ED between emergency and pediatric physicians: impact on patient outcome. *Am J Emerg Med*. 2007;25(9):1004-1008.
54. Simmons N, Syahanee R, Marzouk O, Grice J. Audit of unplanned re-attendance to a paediatric emergency department. *Arch Dis Child*. 2012;97:A153.
55. Small F, Alderdice F, McCusker C, Stevenson M, Stewart M. A prospective cohort study comparing hospital admission for gastro-enteritis with home management. *Child Care Health Dev*. 2005;31(5):555-562.
56. Yang C, Chen CM. Effects of post-discharge telephone calls on the rate of emergency department visits in paediatric patients. *J Paediatr Child Health*. 2012;48(10):931-935.
57. Zimmerman DR, McCarten-Gibbs KA, DeNoble DH, Borger C, Fleming J, Hsieh M, et al. Repeat pediatric visits to a general emergency department. *Ann Emerg Med*. 1996;28(5):467-473.