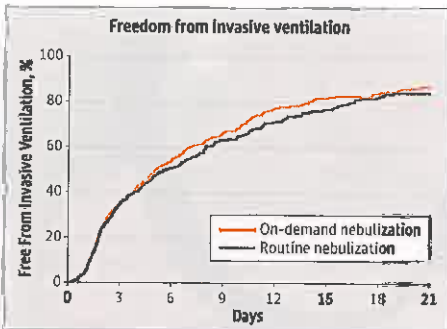


## Research

### CARING FOR THE CRITICALLY ILL PATIENT

#### Mucus Clearance in Patients Receiving Invasive Ventilation 993



Nebulization with mucolytics and bronchodilators facilitates the clearance of airway mucus in patients receiving invasive ventilation, but the procedure causes patient discomfort. Van Meenen and colleagues randomized 922 patients who were receiving invasive ventilation and found that providing nebulization only when clinically warranted was a reasonable alternative to routine nebulization.

[CME jamanetwork.com/learning](http://CME.jamanetwork.com/learning)

### CARING FOR THE CRITICALLY ILL PATIENT

#### Referral of Hospitalized Children for Critical Care 1002

It can be challenging to identify children at risk of clinical deterioration and refer them promptly for critical care. Parshuram and colleagues for the EPOCH Investigators of the Canadian Clinical Trials Group randomized 21 hospitals to implement the Bedside Paediatric Early Warning System (BedsidePEWS) or maintain usual care and found that BedsidePEWS did not decrease all-cause mortality among hospitalized pediatric patients. In an Editorial, Halpern suggests that the secondary outcome finding of a decrease in significant clinical events on the wards at the BedsidePEWS hospitals implies that clinically necessary interventions were more likely to be performed in the controlled and resource-intensive intensive care unit setting.

**Editorial 981**

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#### Substance Use Disorders and Intentional Injuries 1013

Geographic variation in causes of death may indicate the need for targeted public health programs and policies. Dwyer-Lindgren and colleagues applied small area estimation models to US death records and population counts. They found that mortality due to alcohol use disorders, drug use disorders, self-harm, and interpersonal violence varied widely among counties.



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Editor in Chief  
Howard Bauchner, MD

**134 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Clinical Review & Education

### Health Care Spending in High-Income Countries **1024**

The United States spends more per capita on health care than any other nation, but the relative importance of spending determinants is not clear. Papanicolas and colleagues compared the structural features, expenditures, and performance of health care systems in the United States and 10 other high-income countries and found that prices of labor and goods, including pharmaceuticals and administrative costs, accounted for much of the difference in overall spending. In accompanying Editorials, Emanuel, Baicker and Chandra, Parente, and Bauchner and Fontanarosa comment on features of the US health economy to provide context for these observed disparities in spending.

Viewpoint **977** Editorial **983, 986, 988, and 990**

Author Audio Interview and Animated Summary Video [jama.com](http://jama.com) CME [jamanetwork.com/learning](http://jamanetwork.com/learning)

### Treatment of Osteoporosis **1040**

In this JAMA Clinical Guidelines Synopsis of a 2017 guideline update developed by the American College of Physicians, Gullapalli Cotts and Cifu discuss the clinical treatment of women and men with osteoporosis.

### Prescription Drug Prices in the US **1042**

This Medical Letter on Drugs and Therapeutics explains the complex system of drug pricing in the United States as compared with other industrialized countries.

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Zika-Associated Birth Defects Increasing

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### Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

### Summary Video



VIDEO Weaving Indigenous Textile Art Into Cardiac Devices

### Author Audio Interview



AUDIO Ashish K. Jha, MD, MPH, author of "Health Care Spending in the United States and Other High-Income Countries"

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