



Samuel D. Turnipseed, M.D.

Clinical Interests	Dr. Turnipseed focuses on the treatment of cardiac patients. He developed the Chest Pain Emergency Room/Cardiac Short-Stay Unit, where patients remain outpatients during a more extensive evaluation of their chest pain, thus avoiding unnecessary hospitalization. Dr. Turnipseed has assessed the benefits of immediate exercise on a treadmill for lower-risk cardiac patients, and evaluated syncope during this early diagnostic phase. He has studied the risk of ischemia in amphetamine-abusing patients who experience chest pain, and he also has researched dose-range safety and the effectiveness of specific pharmaceuticals in severe head-injury cases.
Title	Co-director of Chest Pain Emergency Services Professor
Specialty	Emergency Medicine, Internal Medicine
Department	Emergency Medicine
Division	Emergency Medicine
Address/Phone	UC Davis Medical Center, Emergency Medicine Department, 2315 Stockton Blvd. Sacramento, CA 95817 Phone: 916-734-3790
Additional Phone	Physician Referrals: 800-4-UCDAVIS (800-482-3284)
Education	M.D., East Carolina University School of Medicine, Greenville, North Carolina, 1987
Residency	UC Davis Medical Center, Sacramento, California, 1987-1990
Board Certifications	American Board of Emergency Medicine, 1996 American Board of Internal Medicine, 1990
Professional Memberships	American College of Emergency Physicians Society of Academic Emergency Medicine
Honors and Awards	Phi Beta Kappa, Wake Forest University, Winston Salem, North Carolina, 1981
Select Recent Publications	Amsterdam EA, Kirk JD, Lewis W, Diercks DB, Turnipseed SD. Acute Ischemic Syndromes: Chest Pain Center Concept. <i>Cardiology Clinics, Emergency Cardiovascular Care</i> . February 2002. Shields GP, Turnipseed SD, Panacek EA, Melnikoff N, Gosselin R, White RH. Validation of the



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Canadian Clinical Probability Model for Acute Venous Thrombosis. *Academic Emergency Medicine* 2002;June(9)6:561-566.

Kirk JD, Diercks DB, Turnipseed SD, Amsterdam EA. Evaluation of Chest Pain Suspicious for Acute Coronary Syndrome: Use of an Accelerated Diagnostic Protocol in a Chest Pain Evaluation Unit. *The American Journal of Cardiology* 2000;85:40B-48B.

Kirk JD, Turnipseed SD, Diercks DB, London D, Amsterdam EA. Interpretation of Immediate Exercise Treadmill Test: Interreader Reliability Between Cardiologist and Noncardiologist in a Chest Pain Evaluation Unit. *Annals of Emergency Medicine* 2000;36(1):10-14.

Kirk JD, Turnipseed SD, Lewis WR, Amsterdam EA. Utility of Immediate Exercise Testing in a Chest Pain Evaluation Unit. *Medical Updates on Therapy, Diagnosis and Prevention* 1999;2(4): 230-231.

Lee JG, Turnipseed S, Romano PS, Vigil H, Azari R, Melnikoff N, Hsu R, Kirk D, Sokolove P, Leung JW. Endoscopy-based Triage Significantly Reduces Hospitalization Rates and Costs of Treating Upper GI Bleeding: A Randomized Controlled Trial. *Gastrointestinal Endoscopy* 1999;50(6):755-761.

Lewis WR, Amsterdam EA, Turnipseed SD, Kirk JD. Immediate Exercise Testing of Low Risk Patients with Known Coronary Artery Disease Presenting to the Emergency Department with Chest Pain. *Journal of the American College of Cardiology* 1999;33(7):1843-1847.

Richards JR, Bretz SW, Johnson EB, Turnipseed SC, Brofeldt BT, Derlet RW. Methamphetamine Abuse and Emergency Department Utilization. *Western Journal of Medicine* 1999;170(4):198-202.

Kirk, JD, Turnipseed S, Lewis WR, Amsterdam EA: Evaluation of Chest Pain in Low-Risk Patients Presenting to the Emergency Department: The Role of Immediate Exercise Testing. *Annals of Emergency Medicine* 1998;32(1):1-7.

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