JOURNAL SCAN

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Managing “non-urgent emergencies”

► The ambulance service is under tremendous pressure to efficiently manage an ever increasing number of emergency calls. Many of the calls appear to be generated for problems which do not require emergency hospital treatment, so alternatives in the form of treatment or other referral at the scene by paramedics appear attractive. The authors of this Welsh study report that ambulance crews were generally positive about the introduction of “Treat and Refer” protocols. They point to the considerable opportunities which exist in such a development, but warn of practical difficulties.

▲ **Snooks HA**, Kearsley N, Dale J, *et al.* Gaps between policy, protocols and practice: a qualitative study of the views and practice of emergency ambulance staff concerning the care of patients with non-urgent needs. *Qual Saf Health Care* 2005;14:251–7.

Out of hospital arrests during football’s world cup

► Emergency departments generally welcome the football world cup as a time of fewer attendances. The authors of this report describe an increase in out of hospital cardiac arrests in the French speaking provinces of Switzerland during the 1998 world cup. Unsurprisingly, perhaps, the increase was confined to men.

▲ **Katz E**, Metzger J-T, Schlaepfer J, *et al.* Increase in out-of-hospital cardiac arrests in the male population of the French speaking provinces of Switzerland during the 1998 FIFA World Cup. *Heart* 2005;91:1096–7.

► **Don’t phone and drive** It is illegal in many countries, but large numbers of people continue to use a mobile phone whilst driving. In a case-crossover study from Perth in Western Australia, researchers found compelling evidence to support the law. They conclude that when drivers use a mobile phone there is an increased likelihood of a crash resulting in injury and that this increased risk persists even when a hands-free phone is used.

▲ **McEvoy SP**, Stevenson MR, McCartt AT, *et al.* Role of mobile phones in motor vehicle crashes resulting in hospital attendance: a case-crossover study. *BMJ* 2005;331:428–30.

► **Carnage in Latin America** Citing data from the World Health Organization, this report paints a frightening picture of the devastation caused by road traffic collisions on Latin American roads. The six figure annual death toll seems extraordinary, but is apparently rising, with pedestrians at particular risk. Most worryingly, there seems to be no immediate prospect of introducing potential solutions to reduce the death rate.

▲ **Fraser B**. Traffic accidents scar Latin America’s roads. *Lancet* 2005;366:703–4.

► **Poisoning deaths in hospital** This retrospective study identified deaths following self-poisoning from coroners’ records. During 1 year, 23% of the overall number of individuals who died of deliberate self-poisoning reached hospital alive. Those who died after reaching hospital were more likely to be female and

more likely to have ingested paracetamol. Only 18% of hospital deaths occurred in the first 24 hours. Extrapolation of the results suggests that there are 300 individuals each year in England who die from self-poisoning having reached hospital alive. Considering that this represents only a tiny proportion of the overall number of deaths from suicide, it is clear that the greatest potential to prevent death from suicide lies with prevention and other measures.

▲ **Kapur N**, Turnbull P, Hawton K, *et al.* Self-poisoning suicides in England: a multicentre study. *Q J Med* 2005;98:589–97.

► **Rapid primary angioplasty** Research has previously demonstrated an advantage of primary angioplasty over thrombolysis for acute ST elevation myocardial infarction. The question in clinicians’ minds has been whether or not it is feasible to deliver this. Data from this observational study of 4815 patients from 80 German hospitals goes some way towards answering this: mean door to angiography time was 83 minutes, with only a small proportion of patients having to wait over 120 minutes.

▲ **Zahn R**, Vogt A, Zeymer U, *et al.* In-hospital time to treatment of patients with acute ST elevation myocardial infarction treated with primary angioplasty: determinants and outcome. Results from the registry of percutaneous coronary interventions in acute myocardial infarction of the Arbeitsgemeinschaft Leitender Kardiologischer Krankenhausärzte. *Heart* 2005;91:1041–6.

► **Injuries on children’s TV** Watching popular children’s television programmes may not be everyone’s idea of cutting edge medical research, but the square-eyed authors of this paper have some important points to make. Having carefully studied 99 episodes, they share their frustration at the depiction of unintentional injury and wonder what effects this may have upon the behaviour and attitudes of young viewers.

▲ **Glik D**, Kinsler J, Todd WA, *et al.* Unintentional injury depictions in popular children’s television programs. *Injury Prevention* 2005;11:237–41.

► **Subdural haematoma in infants** This study is the largest of its type to date in the UK. It reports that non-accidental head injury is the predominant cause of subdural haematomas in infants and children aged less than 2 years in the UK. There was little evidence to suggest that subdural haematomas followed minor trauma. There was a considerable delay in diagnosis in a significant proportion of cases, not helped by the relatively non-specific presenting symptoms and signs.

▲ **Hobbs C**, Childs A-M, Wynne J, *et al.* Subdural haematoma and effusion in infancy: an epidemiological study. *Arch Dis Child* 2005;90:952–5.

► **Cyclists and their handlebars** This 5 year prospective study reports the way that the handlebars on bicycles can cause injury to their young riders as a result of direct impact during a collision. The authors explore the possibilities of retractable handlebars and restricted steering as measures which might reduce the severity of injuries.

▲ **Nadler EP**, Potoka DA, Shultz BL, *et al.* The high morbidity associated with handlebar injuries in children. *J Trauma* 2005;58:1171–4.

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