



doi:10.1136/emered-2017-207224

Highlights from this issue

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Relationship between non-technical skills and technical performance during cardiopulmonary resuscitation: does stress have an influence?

This paper looks at the impact of how potential distractors affects cardiopulmonary resuscitation performance, an essential task to save life. The results of this simulation study were that there was considerable impact on the effectiveness of cardiopulmonary resuscitation when there were distracting features in the near environment. This has implications for the delivery of CPR and highlights the importance of the team leader keeping control, as far as possible, of the healthcare environment where CPR is taking place.

Can more appropriate support and services be provided for people who attend the emergency department frequently? National Health Service staff views

This qualitative study, involving 12 frontline staff, was conducted to see if there could be more appropriate ways of managing frequent attenders to the ED. These ED and mental health staff identified that there was a homogenous population of frequent attenders but revealed that there were three different categories of generalised problems for those attending, namely patients with mental health conditions, those with health related anxiety conditions and others with long term physical problems. This led the researchers to propose alternative pathways for these important groups of patients.

Introduction of a new imaging guideline for suspected renal colic in the ED reduces CT urography utilisation

This quasi-experimental study set in Australia began with the premise that CT urography rarely altered patient outcomes so alternative modes of management were assessed in the ED. By altering a clinical guideline to have ultrasound as part of the initial management in addition to the prescribing of strong analgesia, there was

a drop by about a third in the number of patients who received CT urographic imaging.

Use of a 23 hours emergency department observation unit for the management of patients with toxic exposures

This is a 2 year retrospective study of the patients in a 23 hours observation unit which looks at how effective this service has been. The results are interesting in that there was a reduction by over 2/3 of the number of patients admitted to hospital while also allowing optimal care to be delivered to those who were discharged home. Singapore has a population of nearly 6 million people with well developed health service, with presenting conditions that are common to most EDs, for example, intentional self-poisoning (requiring psychiatric and social service involvement) which comprised 78% of the total population coming to the unit. This service was able to provide those assessments, medically clearing the majority of this patient group (92%) while facilitating the transfer of appropriately assessed patients to a psychiatric unit (about a fifth of patients with psychiatric problems).

Other conditions that were managed by this facility included 12.2% with bite/stings and 9.8% with non-deliberate exposure to noxious agents.

Comparison of prehospital triage and five-level triage system at the emergency department

This is a retrospective cohort study that compared two different adult pre-hospital triage systems in Taiwan – one triage system was binary, (ill or not, in essence!) known as TTPS and the other, derived from the Pre-hospital Canadian Triage and Acuity Scale (Pre-CTAS). This derived scale also had the five point ranking system of the Pre-CTAS. This study looked back over 6 months of data and applied these two triage systems to a cohort of 4430 brought by the EMS to the hospital. The authors showed that

the five point system could better categorise patients according to their resource needs and suggested that this might better integrate with the ED's triage system. This does need to be looked at prospectively to see if these findings are consistent.

Building a visual aid for a triage tool in a developing health service

This is a readily understandable coloured guide that identifies normal from abnormal physiological values, being either too high (red) or too low (blue colour) for patient's vital signs. Unlike the SATS score, there is not the additional element of disease specific conditions to influence the score; this is of benefit as its simplicity allows for rapid training of a range of healthcare workers including allied healthcare workers. Validation is being undertaken in a UK setting and I look forward to reading future publications about how well this simple and intuitively effective system works in the developing health setting.

Randomised clinical simulation designed to evaluate the effect of telemedicine using Google glass on cardiopulmonary resuscitation (CPR)

Cardiac arrest through rose tinted glasses! What a nice idea to undertake simulation work through using advanced technologies to support cardiopulmonary resuscitation. This randomised controlled trial had the intervention arm being nurses who were instructed in CPR performance during a simulation exercise remotely by a physician compared with those who weren't. Impressive results were seen and it makes one wonder as to whether or not this could be extended to work in the prehospital arena with lay people?

Dimple on the shoulder after a ski injury

Shoulders can go backwards as well as forwards, and as this case illustrates, getting the right imaging views are important in managing posterior dislocations.

