LETTERS TO THE EDITOR

The economics of appliance—a study of appliance loan in accident and emergency departments

Editor,—It is common experience for all staff who work in accident and emergency (A&E) that appliances such as crutches, walking sticks, knee splints and frames can be in short supply. One of the results of this is that patients can be denied appliances out of hours. Also loss of these appliances may lead to increasing hospital costs.

With this in mind, we sent a questionnaire to all A&E departments in England and Wales asking if they had procedures in place to manage the purchase, loan and recovery of appliances. We also sought to determine the estimated costs to the departments.

There was a 56% response rate and 90% of the respondents loaned appliances to the population they served. Only 43% of the respondents kept an inventory (usually book records), of which, only 58% followed up the patients who did not return the loaned appliances. Some 63% of the respondents agree there is need for a tracking system. Bar codes and mandatory small deposit may be required as well as a computer system that have the facility to track appliances. We also know that supermarkets have had to act as a result of the constant loss of trolleys.

We estimate that a busy department that loses five elbow crutches a day at a cost of £10 per crutch will lose £50 per day and £18250 per annum. If computer systems could have the facility to track appliances, bar codes and automatically generated letters will further simplify this. A combination of this and a mandatory small deposit may be required as the basis for a managed system.

MELANIE KAVANAGH
Department of Accident and Emergency Medicine, The General Infirmary at Leeds

JOHN SLOAN
Department of Accident and Emergency Medicine, The General Infirmary at Leeds

Correspondence to: Mr Chikezie Dean Okereke, 34 Long Causeway, Adel, Leeds LS16 8EQ, UK (chikeezie@hotmail.com)


Foreign bodies in the nose and ear

Editor,—We wish to congratulate the authors on the much overdue review of techniques for removal of foreign bodies from the ear and nose. We read the review with interest.

Dr Davies1 and Mr Kalan2 have described application of local anaesthetic to the nasal passage by spraying it with 4% lignocaine (lidocaine) solution. Our experience shows that this method is effective but makes the already apprehensive child more frightful. We wish to share our experience of application of 4% lignocaine (lidocaine) by a more pleasant method.

After confirming the presence and the nature of the foreign body we educate the parent on the following.

The anaesthetic liquid at the end of the cotton bud (Q-tip) should be allowed to run off the bud into the nasal passage and the bud should not be inserted into nose. We spray a good size drop of standard 4% lignocaine (lidocaine) solution on to the end of a cotton bud (Q-tip). Then with the child lying down we let the parent install the same into the side of the appropriate external nose under direct medical supervision. This effectively anaesthetises the nasal passage and aids removal. This method of local anaesthetic application does not upset either the child or the parent.

This successful method of effective application of local anaesthetic was acceptable to the child and appreciated by the parents.

I S REDDY
Department of Accident Medicine, Mangrove Park Hospital, Tauton TA1 5DA, UK (isreddy@iol.ie)


Can nurse practitioners offer a quality service?

Editor,—Following our previous paper published in March 1998,3 it is now five years since the unit became operational as a nurse led unit. The unit is open Monday to Friday from 0900 to 1700. During the five year period a total of 43 142 patients were attended to in the unit. Of these 32 755 were new patients, of which 14 638 were children. A total of 3483 patients had fractures reviewed by the accident and emergency consultant during his biweekly sessions in the unit. The consultant continues to review all radiographs requested by the emergency nurse practitioner (ENP) and from the second year onwards only inspected one in every five patients’ notes. Of the 9005 radiographs requested by the ENPs there have been 30 missed fractures and seven false positive readings. Two written complaints were received, however neither of these pertained to the treatment given in the unit. One of the complaints concerned a child protection issue and the other concerned a mentally challenged child who was referred to Crawley Hospital for further assessment. In 1999 West Sussex Health Authority carried out a financial analysis of the service and it gave a cost per patient as £16.70 (this includes staffing costs but not overheads, for example, radiology). Thus the past five years gave further evidence that, with support, ENPs can provide a community with an effective and worthwhile service.

I S REDDY
Department of Accident Medicine, Mangrove Park Hospital, Tauton TA1 5DA, UK (isreddy@iol.ie)


BOOK REVIEW


Gastroenterology has never really been considered a Cinderella specialty. Any emergencies associated with this specialty usually conjure vivid images of either haemorrhage or faeces, either separately or combined. This book, however, educates the uninitiated that there are many emergencies associated with the gastrointestinal tract and that these may present to either physicians or surgeons. Thus, the multidisciplinary approach to gastroenterology is a plus point for this book and is an important point that future potential authors should note.

The book has been divided into three, convenient sections. The approach to specific presentations, complications of gastrointestinal procedures and specific conditions ensures that there is considerable repetition and cross referencing. Some readers may enjoy this approach while others, like me, find it frustrating. To the authors credit they have succeeded in their aim to write a book that is targeted at junior doctors. I am sure that this will also prove to be a very popular book with medical students and nurse practitioners specialising in gastroenterology. Each of the chapters is clearly broken down into short punchy sections with clearly defined headings. It is however, unfortunate, that the same headings are not used consistently and I found this irritating and not conducive to easy reading. The book comprises of short succinct sections that could have been even shorter by more appropriate use of the English language. Although each chapter is thought provoking and will provide a focus for discussion there are certain omissions and factual inaccuracies. Of these my major concern is the failure to mention airway management and oxygen therapy in the patient who is shocked, in particular, from a gastrointestinal haemorrhage. I was also surprised by the failure to see, or reference to the British Society of Gastroenterology guidelines.

Overall I think that the authors have responded to a difficult challenge, to write a textbook about gastrointestinal emergencies. They have succeeded in part and I am sure that a future edition will be significantly improved. This will make it more attractive to the proposed market of junior doctors, emergency nurse practitioners and medical students as it will be not only a useful clinical aide memoir but also help with revision.

T WARDLE
Consultant Physician/Clinical Director and Clinical Sub Dean, Countess of Chester Hospital, Crewepool Road, Chester CH2 1UL

The economics of appliance—a study of appliance loan in accident and emergency departments
Chikezie Dean Okereke, Melanie Kavanagh and John Sloan

*Emerg Med J* 2001 18: 523
doi: 10.1136/emj.18.6.523

Updated information and services can be found at:
http://emj.bmj.com/content/18/6/523.1

These include:

**References**  This article cites 2 articles, 0 of which you can access for free at:
http://emj.bmj.com/content/18/6/523.1#BIBL

**Email alerting service**  Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/