Peter Driscoll, Jim Wardrope, *Editors*

PHARMACOLOGICAL METHODS OF PAIN RELIEF IN CHILDREN

This is the second in a series of four papers that provide a comprehensive review of the emergency management of children's pain. This paper discusses the safe and appropriate use of analgesic agents in children. It also describes commonly used local anaesthetic agents and a selection of local anaesthetic techniques that can be used in children. A suggested departmental protocol for paediatric analgesia is given.
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RAPID SEQUENCE INDUCTION IN THE EMERGENCY DEPARTMENT

Advanced airway care in the emergency department is controversial. Proponents of emergency physicians using the technique point to the unique circumstances and problems of performing RSI in the emergency department. Until recently there has been little in the way of research, guidance or teaching in this area. In particular the inapplicability of current failed intubation guidelines for UK emergency departments had been identified. In this issue Carley *et al* propose a decision guideline to prepare the clinician for this feared scenario.
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CHEST PAIN OBSERVATION UNITS ARE FEASIBLE IN THE UNITED KINGDOM

Chest pain observation units (CPOUs) are widespread in the United States where they seem to be cost saving compared with routine care. Goodacre *et al* have set up a CPOU at the Northern General Hospital in Sheffield and report upon the first year of operation. Eighty six per cent of patients were discharged after assessment. Negative assessment effectively ruled out immediate, serious morbidity, but not longer term morbidity and mortality. Costs seem to be similar to routine care. Randomised controlled trials with economic evaluation comparing CPOU with routine care are now required.
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STUDY SHOWS NO STANDARD POINT FOR MEASURING ST ELEVATION

A key part of determining the appropriate prescription of thrombolysis is quantifying the amount of ST elevation. Several studies have shown variability in measured ST elevation. However, the reasons for this variability have not previously been explored. This study examined where junior doctors measure ST elevation on the ECG complex. The results show that much of the variation in measured ST elevation is attributable to the diversity in the point of measurement. This variation may be attributable to the absence of any true "gold standard" for the point of ST measurement.
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THE FUTURE OF PREHOSPITAL CARE SYSTEMS

Despite increased sophistication, many prehospital care systems in the UK continue to under perform in basic aspects of care. In this issue, the authors have sought to gain consensus on certain aspects of system design that might lead to better care for critically ill and injured patients. The consensus proposals differed from the single tiered ALS model presently in place in the UK and call for a more radical re-design.
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