

PRIMARY SURVEY

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NON-PHARMACOLOGICAL METHODS OF PAIN RELIEF IN CHILDREN IN ACCIDENT AND EMERGENCY

Pain relief is generally poorly managed in the A&E department, particularly in children. In this paper we discuss the benefits of non-pharmacological interventions that can be used in the A&E setting, and outline some practical ways to introduce them. These include the importance of creating a reassuring environment for the child and developing psychological techniques such as distraction, guided imagery, and relaxation therapy all of which complement the available drug therapies.

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INTERNET BASED TECHNOLOGY CAN IMPROVE RESUSCITATION REQUIREMENT CALCULATION

Information technology has been used to help with drug calculations in a variety of settings. Using internet based technology we have developed a program to tackle the problem of calculation in resuscitation. This program calculates theoretical resuscitation

requirements for both paediatric and adult patients. Accuracy and speed of the computerised calculator were compared with traditional methods. The results of the study indicate the system was both more accurate and faster than traditional methods. This study illustrates the potential that information technology offers in the A&E of the future.

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SPECTRUM OF FINDINGS IN PRESUMED ACCIDENTAL EAR INJURY IN CHILDREN

The characteristics of non-accidental ear injury in children are well documented. To differentiate accidental from non-accidental injury, it is important to be aware of the normal range of accidental injuries. Accidental ear injuries under the age of 1 are rare, as is bilateral ear involvement. In contrast with previous reports a haematoma of the pinna is commonly observed in accidental ear injury and should not be regarded as pathognomonic of abuse. Likewise, although isolated ear injuries might raise suspicion of non-accidental injury, the absence of other injuries cannot be regarded as pathognomonic. Cotton bud injuries are common and preventable.

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PARAMEDIC SELECTION OF PATIENTS FOR PREHOSPITAL THROMBOLYSIS

The National Service Framework for coronary heart disease has set exacting standards for reducing the "call to needle" time for patients suffering from acute myocardial infarction. This necessitates the development of strategies enabling the first competent provider making contact with the patient to deliver thrombolytic therapy when appropriate. This study examines the ability of paramedics to select patients suitable for thrombolysis in the prehospital arena. The paramedics, in their selection of suitable patients, made no errors. The paramedic administration of thrombolytics, especially in rural areas, can be an important part in the improved survival from acute myocardial infarction.

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SPORTS MEDICINE AND THE ACCIDENT AND EMERGENCY MEDICINE SPECIALIST

The need for the specialist in accident and emergency medicine to receive training in aspects of sports medicine has not been explored. The opinion of specialists in A&E medicine in Northern Ireland, both consultant and specialist registrar, was sought. While possession of knowledge and skills in many aspects of sport and exercise medicine care were considered important, specific education and teaching was not. Perhaps this will change in the future!

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