

# PRIMARY SURVEY

Geoff Hughes, Editor

## HEAD INJURIES

This month we publish four papers on head injuries, two of them an analysis of the impact of the NICE head injury guidelines issued in 2003. Hassan and colleagues report that implementation of the guidelines led to a significant increase in CT usage and a reduction in skull x-ray and admission rates. Qureshi *et al* look at the human resource (nurse) implications of performing head injury observations. Clinical decision rules are increasingly used to help clinicians treat patients. The team from Portland Oregon describe a new rule to help identify patients with blunt traumatic brain injury who need urgent 'trauma centre' care. Finally Kerr and his colleagues from Scotland audited head injury management after the Scottish Intercollegiate Guidelines Network guidelines were introduced in 2000.

See p 845, 861, 874, and 850

## JEHOVAH'S WITNESSES

Do you really have a clear understanding of the rights of a Jehovah's Witness patient in an emergency? What are your rights as the duty clinician? Sarah Woolley's review article will be helpful if you are uncertain.

See p 869

## BITES

How important is an accurate history when assessing a patient with a skin wound? Christopher Wallace offers some advice on the matter.

See p 883

## CENTRAL CANNULATION

Traditionally the Trendelenburg tilt is used to improve the chance of success in inserting a cannula into the internal jugular vein. Clenaghan and his colleagues from Northern Ireland report the results of their investigation into how tilt changes the lateral diameter of the vein.

See p 867

## BLUNT ABDOMINAL TRAUMA

Does this cause appendicitis in children? Etensal *et al* report their experience of 29 children with blunt abdominal trauma who needed surgical exploration of the abdomen.

See p 874

## FOREIGN BODIES IN CHILDREN

How many EDs have a hand held metal detector on their inventory? The authors of a review paper recommend that they be used to detect ingested coins in children and offer an algorithm for this scenario.

See p 839

## ILLEGAL DRUG USAGE AMONGST ED PATIENTS

How big a problem is this? A study from Bristol reports that 6.9% of all ED attendances were directly or indirectly related to illegal drug use.

See p 872