SOCRATES says
The current evidence suggests that doxapram may improve blood gas indices in the short term. However, as experience of non-invasive ventilation techniques improves, the reliance upon doxapram is likely to become less.


SOCRATES says
There is no evidence that unselected use of HBO in the treatment of acute CO poisoning reduces the frequency of neurological symptoms at one month.


FIXED DOSE SUBCUTANEOUS LOW MOLECULAR WEIGHT HEPARINS COMPARED WITH ADJUSTED DOSE UNFRACTIONATED HEPARIN FOR VENOUS THROMBOEMBOLISM
Venous thromboembolic disease (manifest as deep venous thrombosis of the legs and pulmonary embolus) has an incidence of 0.1% per year. Treatment with unfractionated heparin requires monitoring and dose adjustment. Low molecular weight heparins have the benefit that they cause less inter-patient variability in respect to a fixed dose and the theoretical advantage of a lower incidence of haemorrhagic complications.

Results
There were 14 randomised controlled trials, involving 4754 patients, included in the analysis.

SOCRATES says
Low molecular weight heparin can be used safely as standard treatment for the treatment of deep venous thrombosis.
Further evidence is needed before this policy is accepted for patients with pulmonary embolic disease.


CHEST RADIOGRAPHY IN ACUTE RESPIRATORY INFECTIONS IN CHILDREN

Chest radiographs are frequently performed in the assessment of children with acute lower respiratory infections. However, the benefits are unknown.

Results

Only one paper involving 522 patients met the inclusion criteria of the review. The participants were ambulatory children aged between 2 months to 5 years. There were no statistically significant differences between those children undergoing chest radiography and the controls not being radiographed in relation to clinical recovery, subsequent hospital visit within four weeks, or subsequent admission to hospital.

Socrates says

The current evidence suggests that in ambulatory children, the routine use of chest radiography in the assessment of lower respiratory tract infection is unnecessary.


GLUCOCORTICOIDS FOR CROUP

Croup is a common cause of upper airway obstruction in children. Although it is a self limiting illness, it can be a heavy burden on hospital resources, in particular in the emergency department. This review evaluates the role of glucocorticoids in the treatment of children with croup.

Results

Twenty four randomised controlled trials (2221 patients) comparing glucocorticoids with placebo were included in the review. A variety of glucocorticoid preparations and dose regimens were used. Use of glucocorticoids resulted in an improvement in the croup severity score at six hours. There was a decrease in the use of adrenaline (epinephrine) in the glucocorticoid treated group. In addition, there was a reduction in the duration of time spent in the emergency department (in those discharged after treatment) and in the duration of hospital stay in those admitted.

Socrates says

The current evidence supports the use of corticosteroids in the treatment of croup in children.


Conclusion

We hope the reader has found our synopses relating to the reviews from the Cochrane Database of Systematic Reviews regarding respiratory medicine useful. In the next issue of the journal we will present reviews relating to head and spinal trauma.

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SOCRATES 4 (synopsis of Cochrane reviews applicable to emergency services)

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