# PRIMARY SURVEY

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### KIDS IN PAIN

Pain control is a key element in the management of patients, enshrined in the UN rights of the child.

A ground breaking survey of the use of pain relief is presented by Loryman *et al*, with disappointing results; this paper will act as an important benchmark, against which departments measure their performance. The need for continuing education is highlighted in this area by a survey of SHOs knowledge and prescribing of pain relief in paediatric patients, conducted by Brennan, Beattie and Kind.

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## EARLY GOAL DIRECTED THERAPY FOR SEVERE SEPSIS IN A DEPARTMENT NEAR YOU!

Aggressive goal orientated treatment protocols for severe sepsis has shown to reduce mortality by 16% in the US. The applicability of the surviving sepsis campaign guidelines to the UK setting is reviewed and the authors suggest that they should be followed in our emergency departments.

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### 'BLEEDING' FLUIDS

Intravascular coagulaopathy is commonly encountered after large volume resuscitation. The study of *in vivo* adminstration of normal saline and Gelofusine fluids to healthy volunteers show important effects not picked up by conventional assessment of coagulation.

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### WHAT DO PATIENTS THINK OF ECPS?

This postal questionnaire sent to patients managed by emergency care practitioners, between October and December 2004, showed that compared with care delivered by traditional ambulance practitioners, thoroughness of assessment and explaining what happened next scored more highly (out of 13 research based items put to the 1658 patients, 888 of whom responded). Communication may be the key thing. **See page 865** 

### VALIDATION OF PHYSIOLOGICAL SCORING SYSTEMS

Physiological scoring system, MEWS and assessment score for sick patient identification and step up treatment score may not add little in determining sick patients in the emergency department.

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# A PERSONAL OVERVIEW OF PERSONAL SAFETY AT INCIDENT SITES

Think before you make it worse! A practical guide to the thinking about your own safety at the scene of an incident.

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### **FOUNDATION YEAR 2**

Eager and Banks suggest that rotating foundation year 2 posts every 4 months will not affect the workload of an emergency department in that a similar number of patients are seen over the year.

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### **SHOULD EMTS BECOME ECPS?**

A London based study showed the educational performances of emergency medical technicians (EMT) training to be emergency care practitioners (ECP) to be similar to those from paramedic matched individuals. The EMT-ECPs seems to have higher 'treat and leave rates'. The authors point out that the differences in performances of ECPs may be influenced by their background, and that as long as the professional registration in the educational and clinical governance is robust, the ECP role for EMTs and others is open.

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# ADVERSE EVENTS EXPERIENCED FOR THE ILL ADULT TRAVELLING FROM EMERGENCY DEPARTMENT TO ITU

This study in Australia sets up benchmarks for audits in this area — it seems that that things are getting better as the reported adverse events are lower than in previous studies.

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