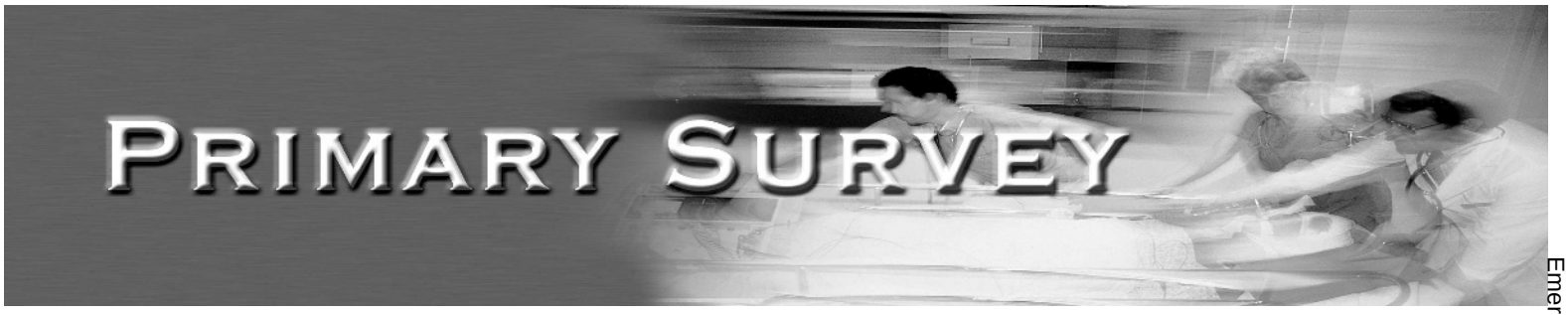

Colville Laird, *Deputy Editor*

THE FOUNDATION PROGRAMME AND THE EMERGENCY DEPARTMENT

The modernising medical careers foundation programme is about to become a reality. In year 2 of this programme doctors will be expected to demonstrate a wide range of ''higher level'' competencies in relation to managing acute illness, and many of these relate to typical presentations within the Emergency Department. This combined with the allocation of teaching time, teaching styles and assessment required and the fact that trainees are most likely to rotate every four months is likely to have very significant effect on Emergency Departments. The authors of this study have been involved in a pilot programme since August 2004, the article illustrates how some of these issues have been addressed, and concludes with a series of practical hints and tips which others may find useful.
See p 167

EMERGENCY MANAGEMENT OF DIABETES AND HYPOGLYCAEMIA

As one would expect this study demonstrates that Hypoglycaemia is the most common diabetic emergency encountered by an ambulance service and Accident and Emergency Departments. More importantly this study demonstrates that only 50% of patient calls for diabetes were transferred to hospital. Is it time for the Health Service to accept that this is the case, and make more appropriate arrangements for the patients not being assessed in hospital, rather than arbitrally accept that a number of patients will not accept transportation to hospital and leave it at that – should we be taking greater care to ensure the high risk patients do attend hospital and that better follow up is put in place for those who refuse transportation.
See p 183

EMERGENCY DEPARTMENT BASED RISK SCORE FOR AMI

As we consider the way we manage myocardial infarctions in the UK this study from the US involving some 1212 consecutive myocardial infarction patients attempts to introduce a new simplified immediate prognostic risk score for patients with acute myocardial infarction. The Mayo Risk Score risks predict 30 day mortality and showed good predictive capacity. It is based on information which should be available in the emergency department.
See p 186

WHIPLASH OUTCOME PREDICTION MODEL

In the UK alone it has been estimated that 250 000 whiplash injuries occur per annum. It is reported that 55-86% of patients are pain free after six months, and there are no currently proven therapies for alleviating persistent symptoms. The authors, therefore, decided to look at the factors that predict a poor outcome in such patients, and hence identify a group that require specific attention to their management. 480 patients completed this trial and 27% reported neck pain at the end of the survey. Should you be targeting treatment to those patients with the highest risk of a poor outcome?
See p 195

FEVER SURVEILLANCE TO INDENTIFY PATIENTS WITH SARS

If we were to have an outbreak of SARS how would we differentiate likely cases of acute severe respiratory syndrome from patients with other causes of fever? The authors reported their experience an outbreak in Taiwan and suggest a scoring system which is easily applicable and highly effective in screening patients should an outbreak occur.
See p 202

PROPHYLACTIC ANTIEMETIC WITH MORPHINE IN ACUTE PAIN

Do patients being given morphine require anti-emetics? If so, is Metaclopromide an appropriate anti-emetic to use?
See p 210

REMOVAL OF C-SPINE PROTECTION BY A&E TRIAGE NURSES

After appropriate training triage nurses are allowed to remove patients collars and take them off spinal boards after applying the NEXUS criteria. Is this a safe procedure?
See p 214

AIRWAY MANAGEMENT IN PATIENTS WITH A BCT REQUIRING ELECTRICAL CARDIOVERSION

The therapeutic dilemma of whether or not to intubate an unstarved, haeomodynamically unstable patient with a broad complex tachycardia requiring electrical cardioversion has no text book answer. The authors of this study decided to use a postal questionnaire of 174 Emergency Department and Intensive Care Unit Consultants to determine their practice. In addition the authors were interested in gathering evidence on the incidence of complications associated with both the options of intubating and not intubating patients in this situation as there appears to be no published information on such complications.
See p 216

DOES TELEPHONE TRIAGE OF EMERGENCY CALLS IDENTIFY PATIENTS WITH ACH?

Only one of approximately every 18 patients has an acute coronary syndrome. Does AMPDS with Department of Health Call Prioritisation effectively patients with acute coronary syndrome. 42,657 emergency calls over an eight month period were looked at to see if this was the case.
See p 232