

PRIMARY SURVEY

Jonathan Wyatt, Deputy Editor

HEAT RELATED ILLNESS

As the Northern hemisphere embraces the warmth of the summer sun, so heat related health issues become prominent in many people's minds. Irrespective of whether you buy into the concept of global warming, given trends in recent years, extremes of high temperatures seem set to continue into the future. Higher than usual summer temperatures can cause significant problems in those areas which are not used to them. The heat wave in France in August 2003 was associated with a large number of excess deaths and rightly made headlines across the globe. A team from an emergency department in Paris reflect and report upon their experience during one of the hottest weeks of that year. They identify several risk factors of short-term mortality which may be helpful in determining the need for intensive care admission.

See page 515

WHEN HOT WATER HELPS

It is often difficult to determine the origin of traditional first aid remedies and if they have any scientific basis. Many remedies have been proposed for symptoms caused by marine envenomation, including heat therapy in the form of hot water immersion of the affected part. This treatment is particularly well known and practised by life guards on beaches where bathers are exposed to weever fish. Atkinson and colleagues review the evidence for the effectiveness of hot water immersion for marine envenomation.

See page 503

SEVERE HEAD INJURY IN CHILDREN

Over the years there have been numerous papers highlighting inadequacies in

the initial management of patients with head injury. There is now a general acceptance that in the case of severe head injury in children (as well as adults), one of the priorities is to rapidly identify those patients with operable intracranial haematomas and to then quickly (and safely) transfer them to a neurosurgical centre for specialist attention. The time frame quoted in some reports refers to surgical evacuation within four hours. Data collected on behalf of the UK Paediatric Brain Injury Study Group and the Paediatric Intensive Care Society Study Group indicate that the system of care for severely head injured children in the UK does not achieve this target. The authors use their data to challenge the use of regional paediatric transfer teams in this respect.

See page 519

MANIPULATION OF FOUR HOUR TARGETS?

It has always proved to be rather a challenge to identify criteria which could be reasonably used to indicate the quality of service in the emergency department, but it came as little surprise that waiting times (and in particular, times to discharge from emergency departments) have gained such prominence within parts of the UK. Emergency department "four hour targets" have been well publicised in political, public, and medical domains and are held up by many as important indicators of quality and performance. The importance attached to achieving these targets has led some observers to speculate that reported performance data might be being manipulated. This view is supported by an analysis of data collected from 117 emergency departments in England in April 2004, which highlights an unexpectedly large number of individuals who are discharged at 239 minutes.

See page 558

EMTS AND GPS

It is always interesting to know exactly what we think of each other, but sometimes we can be a little too coy to say and/or find out the truth. A study from Dublin explores the relationship between emergency medical technicians and general practitioners, and in particular, their views of each other. It identifies a need for improved liaison between the disciplines.

See page 534

HIGH FIDELITY PATIENT SIMULATORS

Many of us have used manikins as a means of practising and honing our clinical skills in a safe and controlled setting. Indeed, the concept of learning from the use of simulated patients has become generally accepted within emergency medicine and is often viewed as a way of making mistakes without inflicting damage on real individuals. McFetrich reviews the literature relating to the use of high fidelity patient simulators in emergency medicine. He concludes that there is a positive bias within the literature regarding their use, but that more evidence of their value for "real" patients is required.

See page 509