

# PRIMARY SURVEY

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## WEIGHTY ISSUES

We keep hearing in the general press that children are getting heavier and this has led to criticism of the use of standard formulae to estimate the weight of children who present to hospital in an emergency. Perhaps it is time to forget all those traditional formulae and methods of estimating children's weight and try something new? This is the line taken by Krieser and colleagues from Australia, with interesting results.

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## VIOLENCE TOWARDS PARAMEDICS

Another study from Australia reports on a worrying aspect of front line emergency care. The nature of working as a paramedic requires the ability to be decisive under pressure in an often clinically challenging setting. But this setting is rendered even more difficult as a result of aggressive acts being aimed against paramedics. These aggressive acts include damage to property, verbal and physical abuse, but also sexual harassment and even sexual assault.

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## KETAMINE CONTROVERSY

The mere mention of ketamine is usually enough to provoke lively discussion. Its analgesic and airway protective properties make it an attractive choice for certain prehospital predicaments, but its role in patients with head injury does remain controversial. These issues are explored in a report on page 794.

## POISONING

Two papers underline the important role that Poison Centres play in helping to provide advice to treat poisoned patients. Physicians from an urban Emergency Department report two cases of envenomation from exotic snake bites in which the local Poison Centre played a key part in the delivery of treatment. The reports also serve as a reminder of the unusual challenges that emergency physicians can face.

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Consensus guidelines have been published regarding the role of gut decontamination using various techniques, but how much do physicians actually know about them? This issue is addressed in a separate study which examines the knowledge that physicians from various backgrounds have in relation to various treatments for poisonings. The results might seem a little disappointing, but the bottom line is that the Poison Centres are always there to provide the answers.

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## ANIMAL EXPERIMENTATION

Gunshot chest injuries exact a tremendous toll on mankind, both in civilian and military settings. Identifying the optimum treatment is a key objective for those providing care for people who sustain life-threatening penetrating cardiac gunshot injuries. A paper from China reports on the experience of using emergency cardiopulmonary bypass in the treatment of penetrating cardiac gunshot wounds in an animal model (see page 764). The animals that were used (sacrificed) were dogs. Some readers may consider the methods used to be distasteful, or perhaps even unethical. In an accompanying commentary, Bernard Foëx explores these issues, with particular reference to philosophical and historical perspectives. Whether or not you agree with the arguments presented, they certainly make interesting reading (see page 750).

## TELEMEDICINE

Considering the continuing technological developments in Emergency Medicine, it should come as no surprise to find two articles on telemedicine in this issue. The first, from the Welsh Burn Centre, goes in the face of politically correct behaviour. Just when you thought that you should turn off your mobile phone within the hospital, here's a report suggesting that there are times when you might like to leave it on. The authors report on the possible benefits of a camera-equipped mobile phone for the assessment of burns.

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The second paper, by Binks and Benger, explores the use of tele-education in emergency care. They demonstrate how telemedicine has already a significant educational role within Emergency Medicine, but argue that there is plenty of potential to go much further.

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