

PRIMARY SURVEY

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ALCOHOL

Alcohol features in quantity in this month's edition of the EMJ, with three original papers looking at different aspects of misuse of this drug.

The effect on the new UK licensing laws on emergency department (ED) attendances is studied in the paper by Newton *et al.* Have the laws made a difference? They may not have from this intriguing study, that looks at the differences in patient numbers presenting before and after the laws were introduced.

See page 532

And what about ED departments? Are they following the Alcohol Reduction Strategy, which recommends that active screening procedures for alcohol misuse are undertaken and that patients are offered brief interventions? The results of a survey of English ED departments, by Patton *et al* make stark reading.

See page 529

And what to do about seriously ill patients who come into the resuscitation room? Should they have their blood alcohol levels measured, and what do such patients think of this as a routine procedure. This is studied in the Csipke paper and reaches an important conclusion about the acceptability of this practice.

See page 535

PAEDIATRIC DOSE CALCULATOR

Dr Reed and Dr Fothergill have devised an ingenious system to reduce the risk of drug error in those sticky moments when the need to doing things quickly arises!

The calculator, developed as a Microsoft Excel document, can help in paediatric resuscitation, rapid sequence induction, calculating analgesic dosages, fluid and antibiotic administration and the therapeutic requirements for other paediatric emergencies. They have very kindly made this freely available via <http://emj.bmj.com/supplemental>.

Have a look and try it out!

See page 567

PRIME THE LINE

Dead space counts and delays treatment getting into patients! A survey looking at UK practice highlights this and makes recommendations about improving practice.

See page 558

BRADFORD BURN STUDY

EDs deal safely and well with burns. That's the finding of this prospective study, the first of its kind, that took place over a year, collecting epidemiological data as well as outcome data. The timing, age distribution, causation and other important demographic data were collected and highlighted areas where preventive measures could be most effectively directed.

See page 564

SHORT STAYS – HERE TO STAY?

Short stay in patient admissions are on the increase in a Trust in the West Midlands. The authors have carefully looked at the changes in length of stay over a 45 month period and shown that between 2002–2005 more patients were being admitted to 0–1 days stay in the hospital, accounting for over 45% of all emergency admissions. Overall the number of total admission from the ED are on the up too! This important study may make you want to have a look at your Trust's performance and see too if this is happening to you.

See page 553

TELERADIOLOGY FOR THE MANAGEMENT OF HEAD INJURIES

This paper from Israel is helpful to UK setting too, as the nearest regional neurosurgical centre for many EDs may be some distance away. Selective head injured patients can be managed in a rural district general hospital, with the backup of CT imaging and consultation with the neurosurgical teams at the centre. This may mean that the number of patients being transferred out can be reduced and reinforces to this deputy editor, the need for the UK to establish an integrated trauma system, as found in other developed countries.

See page 550