

New look

EMJ has spruced itself up a bit for the New Year. We hope you like the new clearer layout of the papers and appreciate the redesigned cover. The content is as high quality as ever and we are very pleased to present the usual mix of original research, reviews, education and opinion. We are always happy to hear your views on how we can improve (presentation or content) and your opinions about the scientific and other merits of the papers. If you have any thoughts about the new look or anything else then our e-letters page is always ready to publish them and allows you a very timely means of response. We look forward to hearing from you.

Consultations and the Emergency Department

Consultations (or referrals as we would probably term them in the UK) are the subject of a systematic review by Rene Lee and colleagues from the universities of Alberta and Calgary. The basic questions that they seek to answer are very relevant to all our practices. First they looked at papers that assess the proportion of Emergency Department patients who receive a consultation, then they asked what proportion of those patients are eventually admitted and finally they looked for evidence that interventions (such as education, programmes or policies) can reduce the number of consultations. Unsurprisingly they found very few papers in this area overall, and all but one of the studies included are from North America. The results are interesting (*see page 4*).

Surviving sepsis

Majuran and Clancy (*see page 11*) report the results of a 1-month retrospective audit

of attendances at one large university Emergency Department. Their finding that over 5% of attenders fulfilled the SIRS criteria, had sepsis or severe sepsis (with mortalities of 6.6%, 4.1% and 26%, respectively) yet again emphasises the size and severity of this issue for Emergency Medicine practice. In a commentary about the Surviving Sepsis campaign (*see page 2*) (that many departments in the UK have still to operationalise), John Butler emphasises that, just as with other acute conditions, the Emergency Department has a vital role in the early management of these patients. Early Goal Directed Therapy as set out in the sepsis bundles is the key if we are to give these patients the best chance of survival.

Soft tissue injury

This issue sees the start of an eight part educational series on soft tissue injury. As John Sloan points out in his introduction, patients with these injuries make up a significant proportion of attenders at Emergency Departments, and the exposure of trainees is decreasing. The series is written by experts from various specialties (including our own) and will cover the basic principles, biomechanics, imaging and physiotherapy, as well as the diagnosis and management of specific injuries on a region-by-region basis (*see page 33*).

Retention of basic ventilation skills

Many emergency physicians spend time teaching basic airway and breathing skills. Many must wonder how long their students retain their new-found skills and how effective they would be when reassessed. Paal and colleagues, from the Innsbruck Medical University, report the

findings of a study that looked at the performance of lay people 1 year after a 10-minute training session in mouth-to-mouth, mouth-to-mask and mouth-to-face-shield ventilation. The assessment is objective and the results are interesting (*see page 42*).

Recovery after cardiac arrest

It would be very useful to be able to tell who would do well and who would do badly after circulation has been re-established following cardiac arrest. In a tantalising study Yanagawa and colleagues from the National Defence Medical College in Japan looked at 86 patients who survived cardiac arrest for at least a week. They correlated motor response within 120 minutes of arrest with best cerebral performance with a month. Go to *page 19* to see what they found.

Inserting nasogastric tubes in intubated patients

For many physicians this can be one of the most frustrating tasks of all. How often does the tube end up coiled up in the mouth? Very frequently, so anything that makes things easier is to be welcomed. In a simple study Hung and Lee from Taiwan demonstrate a significant improvement in success rates by simply filling the tube with water prior to insertion (*see page 23*).

And finally...

In Emergency Casebooks this month we have a fascinating selection of cases that range from the rare (*see page 55*) to the unusual (*see page 57*) and from the challenging (*see page 51*) to the life-threatening (*see page 46*).