mainly anxiolysis is required. The main focus of our paper was the utility of N_2O in very painful procedures, as represented in particular by its use in fracture reduction.

In addition to fulfilling many conceptual criteria for an ideal procedural agent,[3] with its favourable safety profile,[4] N_2O has been shown to be efficacious as an anxiolytic and analgesic in a number of studies.

In our ED, a range of options are available for fracture reduction beyond and in addition to N_2O, such as intranasal fentanyl, ketamine, intravenous regional anaesthesia (Bier's block) and referral for reduction in the operating theatre employing general anaesthesia. The unresolved question is determining the optimal strategy for a specific fracture type and an individual child. Our data were observational across procedure types and lacked comparisons with other strategies.

In Australian paediatric ED N_2O is the most frequently used agent for procedural sedation and analgesia among a range of available agents,[5] and in our ED remains indispensable and is extensively used. In contrast to your editorial directive that "ED physicians should look for other agents in painful procedures", we suggest that we should better define the role of N_2O and look towards supplementing N_2O with other agents.

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CORRECTION

Savage H, Harrison M. Central venous thrombosis misdiagnosed as eclampsia in an emergency department (*Emerg Med J* 2008;**25**:49–50). The authors are concerned that their title could be misleading and would like to clarify that the thrombus was not in a central vein, and that a clearer title would have been "Central venous sinus thrombosis …".

EMQ answers

For questions on page 471

ANSWER 1

a. False. Nearly a half.[1] One in five will re-present within one year according to one recent study from New Zealand.[2]
b. True.[3]
c. True. A 10% (95% CI 2% to 18%) reduction in suicide attempts over a 6-month period according to one French study.[4]
d. False. It is unclear whether any intervention is beneficial long term in DSH.[5]

ANSWER 2

a. False. A Section 5(2) is only applicable to inpatients.[6]
b. False. A "place of safety" should be determined locally. An emergency department may or may not be one—refer to Royal College of Psychiatrists' recommendations.[7]
c. True. The Mental Capacity Act can be used to treat physical illness in patients deemed to lack capacity.
d. True. But only when Section 2 cannot be applied in a timely fashion (a senior psychiatrist or the patient's GP is required). Section 4 requires a registered doctor and a social worker or patient relative (former ideally).[6]

ANSWER 3

a. False. Either may be used.[8 9]
b. False. Olanzapine is contraindicated in patients with dementia because of the increased risk of a cerebrovascular accident.[10] The mechanism for this is unclear.
c. True. Quoted directly from American College of Emergency Physicians policy.[8]
d. False. Sensitivity 71–92%.[11]

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