

# Highlights from this issue

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## Oxygen?

Maybe not. There was a time when it was generally accepted that, apart from neonates, all critically ill or injured patients should be given as much oxygen as could be delivered to them. Gradually, concerns about the potential dangers of oxygen as a therapy have emerged. So, should oxygen be routinely administered to patients with acute myocardial infarction? This question is addressed by Burls and colleagues (*see page 917*) who present some interesting results after performing a systematic review and meta-analysis.

## An ED based sexual assault centre

Sexual violence is depressingly widely prevalent in sub-Saharan Africa. Many victims present for treatment at the emergency department, yet care for victims does not appear to be typically consistent or standardised. In acknowledgement of this, a group from Western Kenya established a sexual assault assessment and treatment centre within their emergency department. Ranney and colleagues report on their experience with this initiative (*see page 927*). They were able to provide standardised treatment according to latest protocols, as well as gathering forensic evidence for possible future legal action. In keeping with previous research, most of the sexual assault survivors who presented to the centre were young, female, single and reported having been assaulted by someone known to them.

## Measuring S-100B

The protein S-100B is an intracellular low molecular weight protein which is released into the circulation in certain circumstances, especially following head injury. Two papers focusing upon the potential role of S-100B in this issue reflect the fact that it is internationally the 'flavour of the month'. The first paper, from Müller and colleagues (*see page 938*) in Switzerland, investigates whether measurement of serum S-100B levels may improve patient screening after head injury. In particular, attention is centred upon whether this new biomarker might help to reduce the number of cranial CT scans which need to be performed (and

thereby reducing unnecessary radiation exposure). The second paper, by Ohrt-Nissen and colleagues (*see page 941*), investigates whether or not serum S-100B levels are significantly affected by extracerebral injuries. The background to this is that although S-100B is predominantly expressed by nervous tissue and is secreted by astrocytes, it can also be found in other body tissues.

## Untreated patients

It has been known for a long time that many patients attend hospital emergency departments and then leave without being seen (and treated), but the reasons why they leave are not always apparent. Previous studies have revealed a shocking range of clinical conditions which some patients have presented with and then left without being seen. Research from a French emergency department sheds some light on this enigmatic patient group. It appears that for many patients, the quality of the waiting time may be as important as the length of the wait. However, before rushing out to install sofas, tropical fish tanks and satellite television in the waiting room, first read the paper by Ibanez and colleagues (*see page 945*).

## Therapeutic hypothermia in practice

There are some forms of treatment which sound great in principle, but prove to be remarkably difficult to implement in practice. Perhaps therapeutic hypothermia as treatment for unconscious adults after out of hospital cardiac arrest might fall into this category? Not according to Patil and colleagues (*see page 971*) who describe how it was successfully implemented in a district general hospital. They report that therapeutic hypothermia was achieved easily in most cases using a combination of cold intravenous fluids and simple external cooling systems. Close cooperation between staff in intensive care and the emergency department appears to be the key to success.

## Predicting admission at triage

At a time when pressure on hospital beds appears to be higher than ever, so too is

the pressure to ensure that patients presenting to the emergency department are seen, treated and either admitted or discharged as rapidly as possible. It would seem to be logical that the hospital system would cope most easily if there was the largest possible amount of time available to prepare for all admissions. With this in mind, researchers from Southampton have investigated whether or not nurses performing triage within the emergency department may be able to accurately predict the need for hospital admission. The results of a prospective study of almost 3000 patients might surprise some and be difficult to explain. (*see page 960*).

## Single rescuer resuscitation

Rescuers trained in resuscitation in the prehospital arena not infrequently find themselves having to perform cardiopulmonary resuscitation as a single rescuer armed with a bag-valve-mask. Given the current focus on attempting to minimise interruptions in delivering chest compressions, providing resuscitation as a single rescuer can prove to be a considerable challenge. In an attempt to provide more effective cardiopulmonary resuscitation, it has been suggested that a single rescuer might deliver both chest compressions and ventilations from an 'over the head' (of the patient) position, as opposed to the traditional 'lateral' position. Maisch and colleagues investigated this using more than 100 healthcare professionals and based upon their results, advise single rescuers to go 'over the head' (*see page 975*).

## Unusual cases

Finally, there are a number of interesting and unusual cases to read about in this issue. Motorcyclists are recognised to be at risk of a number of characteristic injury patterns as a result of a collision, but among them is the rare 'handlebar hernia', which is a traumatic abdominal wall hernia (*see page 982*). Another case to catch the eye is the radiological appearance of a 'black eyebrow sign', signifying an orbital fracture on plain facial x-rays (*see page 963*).