Highlights from this issue

doi:10.1136/emermed-2013-202882

Simon Carley, *Editor*

ERIC the third

For some reason this sounds like a Viking warrior to me, and whilst ERIC-3 is actually a new drug found in Swindon it is also deadly. Stephen Haig and colleagues describe the experience of the Great Western Hospital in the assessment and management of patients who had taken this novel recreational drug. This seems to be a common theme in Emergency Medicine, coming soon after our experiences with Mephedrone use in recent years. ERIC-3 seems pretty dangerous stuff with two deaths and 5 ITU admissions. I suspect that this will not be the last novel drug we see presenting to the ED so a worthwhile read in preparation for the next one.

On the hunt for foreign bodies

I'm sure many colleagues will have played 'hunt the ingested foreign body' at some stage in their career. It's a common presentation to the ED and according to the authors of a paper looking at low dose total body radiography for FB localisation a potentially serious one (1500 US deaths/annum). Conventional x-rays are the mainstay of detection in most centres, but in the study a low-dose total body scanner originally designed for trauma patients was used. There are some interesting results here about doses and localisation, so if you have a StatScan machine in resus they might just have found a new use for it.

Long term outcome for young cardiac arrest survivors

So, you're on shift, a young adult is brought in following a cardiac arrest and it's a good day. You get a pulse back, the patient goes to ITU and you hear they are discharged after a few days. Fantastic! Or is it? What is the longer term functional outcome of young cardiac arrest survivors? In this month's journal we have follow up data from Australia on patients aged 18–39 who survived cardiac arrest and the news is good. Of those the authors managed to track down severe disability was uncommon and over 2/3 had returned to work. There's some interesting data here on the psychological versus physical outcomes that needs some thought. Is there something we should do about the resultant psychological burden of survival?

Creatinine and the radiology department

Dear Radiologist—'I'd like an urgent CT scan with contrast'

Dear ED doc—'What's the Creatinine'

Dear Radiologist—'Dunno, tell you in an hour—which will be too late'

A familiar conversation? Perhaps, and one that is increasing in my world with the increasing use of CT in the elderly and in patients with significant comorbidities. So, a rapid renal function assessment would be great to avoid contrast induced nephropathy. That's the aim of a paper from Korea this month that looks at near patient testing in the ED. The results are interesting with point of care testing performing well against laboratory tests. This could be useful in the ED, or would it just lead to even more discussions—you can decide after reading the full paper.

Vitals, base deficit or lactate—what predicts danger?

In this study from the Bronx in the US the authors looked to at whether vital signs, base excess or serum lactate predicted the need for operative intervention in penetrating trauma patients. Interestingly, even though the numbers here are small it looks as though vital signs did not do so well in terms of prediction, but lactate did. In our practice resus room lactates are an essential test—if you don't have a gas analyser with lactate next to the patient then you know what to ask for Christmas in 2013 (or earlier if you can get it).

Making things difficult—then easy again

Treating people in a CBRN environment is a pretty challenging task. Intubation, is also a challenging task. Put the two together and life is pretty difficult. So, our colleagues in Korea have been looking at ways to facilitate intubation whilst CBRN suited up using video laryngoscopes. In this small simulator based study they found that video laryngoscopy was effective and achievable, better even than using a normal technique. A potentially interesting additional use for the increasing number of video laryngoscopes that seem to be creeping into resus room practice around the world.

The yes, no and maybe of myocardial infarction

I would recommend a look at the short report by Graham Bayley looking at different strategies for different levels of high sensitivity Troponins. I like this. It shows that by thinking about diagnostic tests as more than just yes/no answers we might get better strategies for diagnosis. The question is—can we do this with other tests and conditions (we can!).

Prehospital error and uncertainty

Our prehospital colleagues face a lot of uncertainty and risk in their practice, but what human factors contribute to this? Price *et al* in Australia have surveyed paramedics to look at the contributory factors to error from a human factors perspective. This is an area of previously limited research which will be of interest to anyone involved in understanding error.

SCUBA resus

And finally, whilst I can't think of many resus scenarios when I have a SCUBA set to hand…, we get a paper that looks at exactly that. Personally I don't do much prehospital care and I guess that if I did, and was trying to resuscitate someone in the water, then perhaps I might want to adapt some easily available kit, but would it work? In this rather unique study Winkler *et al* try it out—and it seems to do the trick. Worth a read for the study data and also as evidence for the adaptability and creativity of prehospital resuscitators.