LETTERS TO THE EDITOR

The economics of appliance—a study of appliance loan in accident and emergency departments

EDITOR,—It is common experience for all staff who work in accident and emergency (A&E) that appliances such as crutches, walking sticks, knee splints and frames can be in short supply. One of the results of this is that patients can be denied appliances out of hours. Also loss of these appliances may lead to increasing hospital costs.

With this in mind, we sent a questionnaire to all A&E departments in England and Wales asking if they had procedures in place to manage the purchase, loan and recovery of appliances. We also sought to determine the estimated costs to the departments.

There was a 56% response rate and 90% of the respondents loaned appliances to the population they served. Only 43% of the respondents kept an inventory (usually book records), of which, only 58% followed up the patients who did not return the loaned appliances. Some 63% of the respondents agree there is need for a tracking system.

This survey shows that A&E departments have very little monitoring of appliances loaned. Wider information about the problem is scarce. The department of health had no strategy or view on the matter. In the United States, health care institutions commonly pool their interests and form group purchasing organisations to reduce costs and provide better equipment management.^{1,2} We also know that supermarkets have had to act as a result of the constant loss of trolleys.

We estimate that a busy department that loses five elbow crutches a day at a cost of £10 per crutch will lose £50 per day and £18 250 per annum. A&E computer systems should have the facility to track appliances. Bar codes and automatically generated letters will further simplify this. A combination of this and a mandatory small deposit may be required as the basis for a managed system.

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1 Thamer M, Fitzpatrick KJ, Perry S. Medical and surgical supply costs: case study of a costly low-cost technology. *Int J Technol Assess Health Care* 1997;13:526–36.

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Foreign bodies in the nose and ear

EDITOR,—We wish to congratulate the authors on the much overdue review of techniques for

removal of foreign bodies from the ear and nose.¹ We read the review with interest.

Dr Davies¹ and Mr Kalan² have described application of local anaesthetic to the nasal passage by spraying it with 4% lignocaine (lidocaine) solution. Our experience shows that this method is very effective but makes the already apprehensive child more frightful. We wish to share our experience of application of 4% lignocaine (lidocaine) by a more pleasant method.

After confirming the presence and the nature of the foreign body we educate the parent on the following.

The anaesthetic liquid at the end of the cotton bud (Q-tip) should be allowed to run off the bud into the nasal passage and the bud should not be inserted into nose.

We spray a good size drop of standard 4% lignocaine (lidocaine) solution on to the end of a cotton bud (Q-tip). Then with the child lying down we let the parent install the same into the side of the appropriate external nare under direct medical supervision. This effectively anaesthetises the nasal passage and aids removal. This method of local anaesthetic application does not upset either the child or the parent.

This successful method of effective application of local anaesthetic was acceptable to the child and appreciated by the parents.

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2 Kalan A, Tariq M. Foreign bodies in the nasal cavities: a comprehensive review of the aetiology, diagnostic pointers, and the therapeutic measures. *Postgrad Med J* 2000;76:484–7.

Can nurse practitioners offer a quality service?

EDITOR,—Following our previous paper published in March 1998,¹ it is now five years since the unit became operational as a nurse led unit. The unit is open Monday to Friday from 0900 to 1700. During the five year period a total of 43 142 patients were attended to in the unit. Of these 32 755 were new patients, of which, 14 638 were children. A total of 3483 patients had fractures reviewed by the accident and emergency consultant during his biweekly sessions in the unit. The consultant continues to review all radiographs requested by the emergency nurse practitioner (ENP) and from the second year onwards only inspected one in every five patients' notes. Of the 9005 radiographs requested by the ENPs there have been 30 missed fractures and 78 false positive readings. Two written complaints were received, however neither of these pertained to the treatment given in the unit. One of the complaints concerned a child protection issue and the other concerned a mentally challenged child who was referred to Crawley Hospital for further assessment. In 1999 West Sussex Health Authority carried out a financial analysis of the service and it gave a cost per patient as £16.70 (this includes staffing costs but not overheads, for example, radiology). Thus the past five years gave further evidence that, with support, ENPs can provide a community with an effective and worthwhile service.

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1 Mabrook A F, Dale B. Can nurse practitioners offer a quality service? An evaluation of a year's work of a nurse led minor injury unit. *J Accid Emerg Med* 1998;15:266–8.

BOOK REVIEW

Gastrointestinal emergencies. By T C K Tham, J S A Collins. (£27.50.) London: BMJ Books, 2000. ISBN 0-727-91485-5.

Gastroenterology has never really been considered a Cinderella specialty. Any emergencies associated with this specialty usually conjure vivid images of either haemorrhage or faeces, either separately or combined. This book, however, educates the uninitiated that there are many emergencies associated with the gastrointestinal tract and that these may present to either physicians or surgeons. Thus, the multidisciplinary approach to gastroenterology is a plus point for this book and is an important point that future potential authors should note.

The book has been divided into three, convenient sections. The approach to specific presentations, complications of gastrointestinal procedures and specific conditions. This ensures that there is considerable repetition and cross referencing. Some readers may enjoy this approach while others, like me, find it frustrating. To the authors credit they have succeeded in their aim to write a book that is targeted at junior doctors. I am sure that this will also prove to be a very popular book with medical students and nurse practitioners specialising in gastroenterology. Each of the chapters is clearly broken down into short punchy paragraphs with clearly defined headings. It is however, unfortunate, that the same headings are not used consistently and I found this irritating and not conducive to easy reading. The book comprises of short succinct sections that could have been even shorter by more appropriate use of the English language. Although each chapter is thought provoking and will provide a focus for discussion there are certain omissions and factual inaccuracies. Of these my major concern is the failure to mention airway management and oxygen therapy in the patient who is shocked, in particular, from a gastrointestinal haemorrhage. I was also surprised by the failure to see, or reference to the British Society of Gastroenterology guidelines.

Overall I think that the authors have responded to a difficult challenge, to write a textbook about gastrointestinal emergencies. They have succeeded in part and I am sure that a future edition will be significantly improved. This will make it more attractive to the proposed market of junior doctors, emergency nurse practitioners and medical students as it will be not only a useful clinical aide memoire but also help with revision.

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