PostScript

LETTER

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Tricyclic antidepressant overdose

I read with interest the highly informative article by Kerr and colleagues.¹ However, I would like to highlight an important point that the authors have not mentioned. In cases of mixed overdose, of tricyclic antidepressants and benzodiazepines, flumazenil (Anexate) is contraindicated. It has produced convulsions and ventricular arrhythmias in the presence of tricyclics.² The mechanism for this interaction is thought to be unmasking of tricyclic antidepressant induced seizures as a consequence of flumazenil antagonising the anti-epileptic effect of concomitantly ingested benzodiazepines.³ This interaction has resulted in a number of deaths.^{2,3}

In patients presenting after overdose, it is not always easy to obtain a clear and accurate history regarding what substances have been ingested. The administration of flumazenil as a diagnostic aid in these patients is potentially dangerous and should be avoided, particularly if tricyclic antidepressants have been taken.

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References

- 1 Kerr GW, McGuffie AC, Wilkie S. Tricyclic antidepressant overdose: a review. *Emerg Med J* 2001;18:236-41.
- 2 Burr W, Sandham P, Judd A. Death after flumazenil. *BMJ* 1989;298:1713.
- 3 Haverkos GP, DiSalvo RP, Imhoff TE. Fatal seizure after flumazenil administration in a patient with mixed overdose. *Ann Pharmacotherapy* 1994;28:1347-9.

BOOK/VIDEO REVIEWS

Prehospital trauma care

E Søreide, C M Grande, editors. (Pp 806; \$195). Marcel Dekker, 2001. ISBN 0-8247-0537-8.

There are many unanswered questions in pre-hospital trauma care (scoop and run or stay

and play?; what is the role of doctors, helicopters or intravenous fluids?) but there are no simple answers and all depends on the problem, the distance from hospital, and the circumstances. This makes decision making difficult for both paramedics and for those who write protocols or guidelines. This book does not give answers but provides up to date evidence on which these decisions can be based.

With over 70 contributors from 18 different countries this is an important work. It not only covers the usual clinical and epidemiological aspects of trauma including chemical hazards, diving accidents, and snake and poisonous insect bites but has chapters on preventing error, continual quality improvement, and debriefing. Despite its title, much of it will also be useful for those who practice in hospital. As with any multi-author book the quality varies with some chapters well written and full of well referenced facts and others slightly pedestrian. I can particularly recommend chapters on the topical subjects of airway care, shock, and fluids.

The book is not perfect. Firstly, it would benefit from more editing as there is much repetition. For example, there is one chapter on hypothermia and another on accidental hypothermia and avalanches. The same topic is also covered in a chapter on the entrapped patient and the three chapters give two definitions of hypothermia (35°C and 36°C). Despite the multinational authorship, some of the book is very North American and the chapter on helicopters and descriptions of trauma centres make no mention of research done in the UK. I read the chapter on disasters the evening after doing a MIMMS course and one would not believe they were describing the same scenarios. The chapter is very theoretical and I found it fascinating but longed for descriptions of the problems encountered during real major incidents and how these can be overcome. Is there really any indication for prehospital caesarean section (in cardiac arrest) or prehospital autotransfusion?

There is much excellent material in the book, even in the chapters I have criticised and if one disagrees with some of the ideas, they will, at least, make you think and that cannot be bad. I would recommend it to all involved in prehospital trauma care.

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Finding the right words: breaking bad news in sudden death

P A Evans. Produced in collaboration with the Bereavement Group of the A&E Department, Leicester Royal Infirmary and Leicestershire Constabulary. (video 28 minutes; 75+VAT). Available from Health Education Video Unit, Freepost LE6493, Leicester LE5 2ZJ, UK

This 28 minute training video has been produced by an emergency department together with the Leicestershire Constabulary. Such videos are difficult to make and this is a brave effort to help fill a gap. The authors do not state if they have any special expertise.

There has been a two car road traffic crash with four killed, three of which were in one car. Can any of us say that we cannot learn from reviewing such a scenario? The accompanying workbook explains that the video is meant to provoke discussion rather than be instructional. It is important to realise this because although there are only a few cringe making moments there are other areas that would benefit from discussion!

Four brief scenarios are shown two cases with a police officer and two involving emergency department staff. The scenarios were realistic and all useful to an emergency department. One of these reminds us that a patient can also be a bereaved relative. The emergency staff play themselves but the bereaved are actors. Paradoxically it is the actors who sometimes seem rather wooden or unrealistic (although the cat was particularly natural in the first scene). For example, the relatives in the first scenario seemed very reluctant to go to the hospital, which seemed unlikely. After the scenarios there is general comment on the principles of breaking bad news followed by interviews with relatives who have good and not so good experiences. There is then a final summary from a consultant in emergency medicine.

The accompanying A5, 34 page workbook is well made and easy to handle. It contains much theory and 13 "reflective activities". Parts of it are good but it is more suited to detailed study than for practical training. It is a shame that the booklet does not relate directly to the scenarios and suggest area for discussion or improvement.

Issues I would have liked to have seen raised in the video include: relatives in the resuscitation room; the breaking of bad news in stages by the link nurse and the principle of giving relatives more autonomy and staff support. I would like to have heard more about the local outreach programme, which may have been innovative! The scenarios were not meant to be perfect but I felt that certain things could have been shown for their positive value such as the nurse and doctor speaking to each other before the news is broken and the timing of asking about tissue donation.

In summary, I feel that this training video will achieve its goal and create discussion, (assuming there is a suitable instructor with it!) I will use my copy to help with department training.

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