LETTERS TO THE EDITOR

Thrombolysis in accident and emergency

EDITOR,—There now convincing data showing the benefit of thrombolytic treatment in acute myocardial infarction, and that benefit declines if this treatment is delayed.1 There are, as Zolitz discussed,2 problems identifying in accident and emergency (A&E) patients likely to benefit from thrombolysis and ensuring it is not delayed.

Audit revealed undesirable delays in thrombolysis in this hospital (despite a “fast track” referral system to cardiology) due to the very high bed occupancy rate in the coronary care unit. One approach to expediting thrombolysis is for A&E doctors to initiate it.3 Before starting such a system we felt it important to establish whether the doctors’ diagnostic accuracy was sufficient to allow safe and effective use of thrombolysis. We report the findings of a study that addressed this.

An algorithm was developed by cardiology and A&E (figure). Its aim was to encourage early thrombolysis in cases where benefit was most likely, but to encourage referral in less clear cut situations. The algorithm was distributed (with explanation and discussion) to A&E staff, who then used it in a “dry run”. Patients with suspected myocardial infarction were referred to cardiology in the usual way, but the A&E doctor stated whether they felt thrombolysis was indicated. The diagnostic accuracy of A&E was assessed using subsequent management by cardiology as the gold standard.

Complete data were available for 37 patients (table). The level of agreement between the two specialties was high (κ = 0.81). The overall accuracy of A&E was 92% (95% confidence interval 78% to 98%), the sensitivity was 77% (46% to 95%), and the specificity was 100% (86% to 100%).

These data suggest that A&E doctors can identify patients requiring thrombolysis. It is planned to start A&E thrombolysis in this hospital, coupled with regular audit of diagnostic accuracy. While these results cannot necessarily be extrapolated, other units might find carrying such audit helpful, to ensure accuracy and safety if they already use thrombolysis, and to prompt changes if they do not.

Management of patients with suspected myocardial infarction in A&E

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</tr>
<tr>
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<td>0</td>
<td>24</td>
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</tr>
<tr>
<td>Total</td>
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CCU, coronary care unit.

Teaching advanced life support skills

EDITOR,—We read with interest the recent paper by Hall et al.1 concerning the teaching of advanced life support skills.

We have conducted similar courses for four years, under the auspices of the North West Thames Audit Group. This comprises the