consultant and middle grade staff of four adjacent accident and emergency departments. We run half day "Mini Life Support" courses in cardiac, trauma, and paediatric resuscitation in August and February of each year. Senior house officers from the four participating hospitals are required to attend the courses, and locum cover is provided.

All lecturers are of provider or instructor status, as in the case in York. The emphasis is that these courses are not a substitute for the full courses. However, they do provide a framework for the safe management of the critically ill or injured patient in the first month of the SHO's post. We differ from the courses described in that half of our course is spent teaching practical skills in small group sessions. There are skill stations for x-ray and electrocardiogram interpretation, practice on models, and moulage scenarios, with senior nursing staff acting as patients.

By combining a number of departments, and thus part of the consultant and middle grade staff, we are able to teach in small groups with a minimum of one lecturer for each six participants.

It is currently not possible to ensure that all SHOs attend all three full life support courses in the first month of their post, but we hope that in the interim we are enabling them to act safely in the emergency situation.

We highly recommend this pooling of resources between hospitals as a practical way of ensuring that the new Senior House Officer is able to resuscitate effectively.

Skin necrosis in prolonged application of an elasticated wrist splint in a psychiatric patient

A 51 year old woman attended our department accompanied by a community support worker after a fall on to an outstretched right hand. She had tenderness in the anatomical snuff box and pain on gripping. Scaphoid radiography was normal. In accordance with our normal practice, a splint was applied to her right wrist, and a follow up appointment made for 14 days' time. She defaulted from follow up but returned with her support worker three weeks after the injury complaining of a rash on her right wrist. Examination showed a heavily soiled splint, and deep dermal pressure sores (figure) There was evidence of early cellulitis around the wrist.

Her tenderness persisted, but repeat radiography was normal. A large new splint was applied over generous padding, antibiotics prescribed and the arm elevated. Follow up was arranged and emphasised to the patient and the support worker.

Pressure sores have been described with other appliances1 and this case emphasises the importance of caution in using appliances in patients who may not be able to appreciate fully any problems which arise. The presence of a support worker should also alert us to an increased risk of problems developing.

My thanks to Mr A Fraser-Moody.

DYPRIK HUGHES Accident and Emergency Department Derbyshire Royal Infirmary Derby


Skin necrosis in prolonged application of an elasticated wrist splint in a psychiatric patient

A 51 year old woman attended our department accompanied by a community support worker after a fall on to an outstretched right hand. She had tenderness in the anatomical snuff box and pain on gripping. Scaphoid radiography was normal. In accordance with our normal practice, a splint was applied to her right wrist, and a follow up appointment made for 14 days' time. She defaulted from follow up but returned with her support worker three weeks after the injury complaining of a rash on her right wrist. Examination showed a heavily soiled splint, and deep dermal pressure sores (figure) There was evidence of early cellulitis around the wrist.

Her tenderness persisted, but repeat radiography was normal. A large new splint was applied over generous padding, antibiotics prescribed and the arm elevated. Follow up was arranged and emphasised to the patient and the support worker.

Pressure sores have been described with other appliances1 and this case emphasises the importance of caution in using appliances in patients who may not be able to appreciate fully any problems which arise. The presence of a support worker should also alert us to an increased risk of problems developing.

My thanks to Mr A Fraser-Moody.

DYPRIK HUGHES Accident and Emergency Department Derbyshire Royal Infirmary Derby