

EDITOR.—Prioritisation of ambulance response is the subject of ongoing debate and evaluation.^{1,2} An understanding of the ability of ambulance personnel, general practitioners, and parents to recognise a seriously ill child may be relevant to prioritising responses for children.

In a retrospective study of the three months from 1 October to 31 December 1995, 9412 children (0–14 years) presented to the Paediatric Accident and Emergency (PAE) Department at Queen's Medical Centre, Nottingham. Of 1036 general practitioner referrals, 546 (52.7%) required admission, five of them (0.9% of the admissions) to the paediatric intensive care unit (PICU). Of the 8376 self referrals, 840 (10%) required admission, 30 of them (3.6% of the admissions) to the PICU.

None of the five general practitioner referrals requiring paediatric intensive care were admitted to the resuscitation room. They were taken to the routine PAE area, two by "non-999" ambulance and two by parents using their own transport. The notes of the fifth child were unavailable. The ambulance report forms were unavailable.

Twenty of the 30 self-referred patients admitted to the PICU were brought by "999" ambulance to the resuscitation room. Of the remaining 10 patients taken to the routine PAE area, five arrived by "999" ambulance and five arrived by other means of transport. All 10 children had potentially life threatening conditions, including septicaemia, meningitis, upper airway obstruction, hypovolaemia, and coma. Ambulance report forms were available for two of those arriving by "999" ambulance.

During the three month period a further 40 patients were taken to the resuscitation area by "999" ambulance; three died, 34 were admitted to medical, surgical, or orthopaedic wards, and three were discharged home. Two of the three children discharged home had burns which proved to be less than 5%, and the remaining child recovered from the effects of alcohol ingestion.

The recognition of a seriously ill child demands experience and expertise. Our small sample suggests that parents, general practitioners, and "999" ambulance personnel may all fail to recognise the seriously ill child.

If prioritisation of ambulance response is to benefit sick children, those questions asked of parents and general practitioners who request an ambulance must reflect the difficulties encountered in recognising a seriously ill child. Equally, recognising the seriously ill child's condition should be fundamental to the training of paramedics and ambulance technicians.

A very small number of seriously ill children will continue to be brought to accident and emergency departments by other means than the ambulance service. It is vital that such children are received by nursing and medical staff skilled in assessing their needs and responding accordingly.

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1 Wollard M. Emergency medical dispatch and prioritisation. *J Br Assoc Immed Care* 1995;18:47–52.

2 Tonks A. New ambulance targets could save 3000 lives a year. *BMJ* 1995;311:281.

BOOK REVIEWS

Current Topics in Intensive Care, No 2. Edited by J Bion, H Burchardi, R P Dellinger, G J Dobb. (Pp 291; £29.50.) London: WB Saunders, 1995. ISBN 0 7020 1871 6.

Critical care medicine is one of those areas of clinical practice which develops so rapidly that many standard tomes are virtually out of date before they are published. There was always a need for regular reviews of recent advances and there are several to choose from.

Current topics in intensive care 2 is the second annual edition of a series which aims to provide authoritative reviews of controversial or developing themes in the field of critical care medicine. Although written with the practising intensivist in mind the book will interest A&E trainees involved in research related to applied physiology and seniors with an interest in critical care.

This is a multi-author book which includes contributions from leading international authorities including Professors Wolfgang Dick and Paul Pepe who regularly publish in the emergency medicine literature. A wide range of diverse topics is addressed and an immense amount of detail has been crammed into these 11 chapters. The book is very heavily referenced – there are almost 1000 in the 290 page volume. Continuity of style has been preserved by careful editing by the principal author.

The first edition included two chapters from the A&E/ICU interface, on developments in intracranial pressure monitoring and investigation of the head injured patient, and post cardiac resuscitation care. Topics of interest to A&E specialists in the current addition are chapter 1 on pre-hospital care, and chapter 4 on the initial management of the poisoned patient. The latter includes a useful table of common toxidromes and a critical review of gastrointestinal decontamination techniques. I particularly liked chapter 7, which is a comprehensive and up to date review of nutritional support in the intensive care unit.

There is much useful information in this impressive book. Even among the more esoteric topics there is something to learn for anyone whose last involvement with general pathology or molecular biology was more than five years ago.

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Brain Control of Responses to Trauma. Edited by N J Rothwell and F Berkenbosch. (Pp 330; £50.00.) Cambridge: Cambridge University Press, 1994. ISBN 0521 419395.

An important goal of accident and emergency medicine is to sustain and

enhance dialogue and interaction between scientists and clinicians in order to promote a sound research base for the specialty. The topic of CNS responses to trauma patients represents an excellent example of integrated research involving multiple disciplines and a parallel growth of basic research and clinical studies.

Trauma, even when restricted to a single specific site, has effects influencing almost every homeostatic function and body system. This is the first volume in this series to look in depth at the way the brain responds to trauma and subsequently integrates and influences behavioural, metabolic, neurohormonal, cardiovascular, and immune functions. The authors are all international authorities in their field and drawn from the United Kingdom, continental Europe and North America. There is a strong Mancunian input and the names of Stoner, Little, and Kirkman from the North West Injury Research Centre will be well known to most within our specialty. The topics which have been selected by the editors in this first volume represent the diversity of response of the CNS to trauma. Each chapter discusses established and recent data from experimental and clinical studies and considers the implications of these findings for the treatment of trauma patients. The authors' clarity and style have resulted in the book achieving two major objectives. Firstly it provides the reader with a basis for the more effective understanding and clinical management of trauma patients, and secondly it acts as a catalyst for future research endeavour. The content of each chapter is extremely well supported by a comprehensive and up to date bibliography and provides an invaluable source of further material.

This book is strongly recommended and would complement a departmental library sited in an accident and emergency department promoting an active interest in trauma research. There is plenty scope for further study of this subject and the results should lead to a considerable improvement in our ability to treat injured patients.

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Manual of Emergency Medicine. Edited by J Jenkins, J Loscalzo, R Braen. (Pp 572; £26.75.) Boston: Little Brown, 1995. ISBN 0316460613.

This book is a compact, ring bound rapid reference to emergency medicine. The wealth of information contained in its 572 pages is designed to be consulted rather than read from cover to cover. Most chapters offer a differential diagnosis of the common symptoms presenting to accident and emergency departments, followed by more details on the presentation, investigation, and treatment of specific conditions. Separate chapters deal with specific topics such as environmental emergencies and poisoning. A comprehensive index and cross referencing ensures that additional information present elsewhere in the book is not missed. Text is predominant with few diagrams and no illustrations.