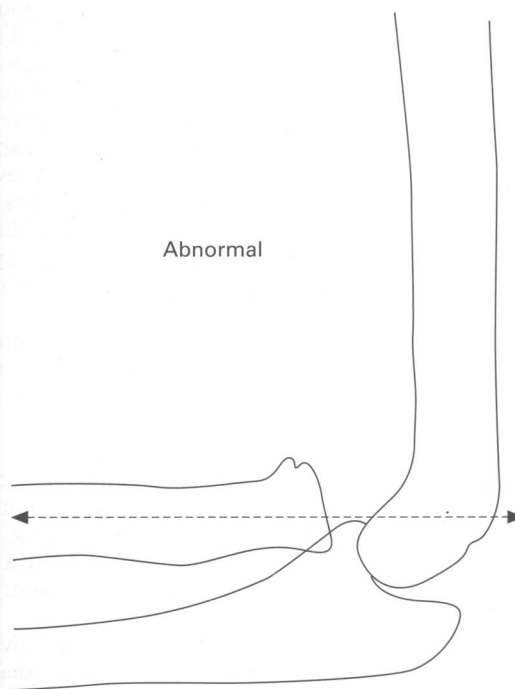


- 4 Weatherall DJ, Ledingham JGG, Warrell DA. Oxford textbook of medicine, 3rd ed, vol 2. Oxford: Oxford University Press, 1996:1498.
- 5 Weston C, Stephens M. Hypoglycaemic attacks treated by ambulance personnel with extended training. *BMJ* 1990; 300:908-9.
- 6 Yaxley L, Aldridge V, Almond J, Harradence F, Henry P, Heyburn PJ, et al. The treatment of severe hypoglycaemia with glucagon administered by ambulance personnel. *Diabetic Med* 1991;8(suppl 1):71.
- 7 Cooke MW. Is intravenous dextrose appropriate in pre-hospital care? *J Br Assoc Immed Care* 1993;16:3-4.
- 8 O'Gorman M, Trabulsky P, Pilcher DB. Zero-time prehospital IV. *J Trauma* 1989;229:84-6.
- 9 Jones SE, Nesper TP, Alcouloumre E. Prehospital intravenous line placement: a prospective study. *Ann Emerg Med* 1989;18:244-6.
- 10 Johnson GS, Guly HR. The effect of pre-hospital administration of intravenous nalbuphine on on-scene times. *J Accid Emerg Med* 1995;12:20-22.
- 11 Donovan PJ, Cline DM, Whitley TW, Foster C, Outlaw M. Prehospital care by EMTs and EMT-Is in a rural setting: prolongation of scene times by ALS procedures. *Ann Emerg Med* 1989;18:495-500.
- 12 McSwain GR, Garrison WB, Artz CP. Evaluation of resuscitation from cardiopulmonary arrest by paramedics. *Ann Emerg Med* 1980;9:341-5.
- 13 Rouse A. Do ambulance crews triage patients? *Arch Emerg Med* 1991;1:185-91.

EMERGENCY CASEBOOK

Isolated traumatic radial head injury in children: a missed injury

Isolated traumatic dislocation of the radial head in children is an uncommon injury. The mechanism of injury involves hyperpronation of the forearm and a varus strain. The radial head commonly dislocates in an anterior or antelateral direction. The level of trauma involved is not necessarily severe and elbow flexion and extension may not be significantly reduced. It is, therefore, easy to miss this injury. The key to diagnosing the injury is a high degree of suspicion and proper interpretation of the elbow radiographs. Dislocation of the radial head can be identified by noting that the line traced from the radial shaft and head does not cross the centre of the capitellum (see the figures).



Once the diagnosis is made it is mandatory to obtain radiographs of the forearm to exclude a Monteggia injury or ulnar bowing. Closed reduction is usually easy to achieve and long term results are excellent. M SAAB, N M G KURDY, R BIRKINSHAW, Stockport Infirmary Hospital, Stockport. Correspondence: Mr M Saab FRCS, senior registrar, Accident and Emergency Department, North Manchester General Hospital, Delauney's Road, Crumpsall, Manchester M8 6RB.