42 Rawles J. Halving of mortality at one year by domiciliary thrombolysis in the Grampian Region Early Anistreplase Trial (GREAT). J Am Coll Cardiol 1994;23:1-5.
47 Nee PA, Gray AJG, Martin MAM. Audit of thrombolysis initiated in an accident and emergency department. Qual in Health Care 1994;2:29-33
appropriate, and used clinical judgement to reduce the number of radiographs requested, though not as few as the American guidelines would have indicated.

Guidelines for admission were also not followed accurately, but not to the same extent as with skull radiography. Only 2.3% of patients were inappropriately discharged but we have no evidence that they came to harm. More encouragingly, only 0.7% of patients were inappropriately admitted. Our rate of admission was 8.6% (theoretically 10.3% needed admission), compared to between 13 and 25% in other studies. It is therefore apparent that no substantial savings on resources would have been made if the guidelines for admission were adhered to completely.

It also becomes apparent that the use of guidelines demands constant reappraisal especially in A&E departments where junior staff changes every six months. The use of posters as a reminder of guidelines has been advocated and tried successfully in other departments.

CONCLUSIONS

We conclude that the use of the British guidelines for skull radiography in children in our A&E department creates a large demand for radiography (63% of attenders). The use of the American guidelines appears to reduce the number of radiographs requested in children presenting with head injury, without apparent risk of missing significant injury or skull fracture. We therefore recommend the use of the American guidelines along with techniques for ensuring their uptake.


INJURY RESEARCH GROUP

The Annual meeting will be held in Oxford on 24-25 March 1997. There will be a session of free communications and symposia on aspects of the immunological response to trauma. For details, contact:

Dr R N Barton
North Western Injury Research Centre
Stopford Building
Oxford Road
Manchester M13 9PT
Tel: 0161 275 5188; Fax 0161 275 5190
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Cardiopulmonary arrest in general wards

We are indebted to Wythenshawe Hospital resuscitation committee for their assistance and to the consultants for access to records of their patients; we thank Dr N H Brooks, consultant cardiologist, Dr K Shearer, hospital practitioner in cardiology, Wythenshawe Hospital, for their valuable comments.


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Advanced Life Support Group
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Manchester M5 2XB
Tel 0161 877 1999
Fax 0161 877 1666
and enthusiasm of the staff at Frenchay Hospital, Bristol, and Western General Hospital, Western-super-Mare, in the making of this video, whose message is loud and clear that gone are the days when a motley crew would arrive at a cardiac arrest situation full of adrenergic ardour but devoid of well practiced coordinated clinical skills, with the result that a life potentially saved was all to often lost.

As a former member of that motley crew I am delighted that times have changed and that advanced life support should now be within the domain of all paramedical, nursing, and medical professionals. This video will be highly effective in promoting that message to the widest possible audience.

I W R ANDERSON
Glasgow

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