Letters, Correction

Management of major trauma

Editor,—With major trauma comprising 1 per 1000 emergency cases in Britain there is limited opportunity to develop expertise in the management of this condition. Many of these patients arrive at hospital during unsociable hours when accident and emergency (A&E) departments are often staffed by inexperienced registrars. To prevent error initial resuscitation there should be instant availability of experienced doctors from A&E, anaesthesia, general surgery, and orthopaedic surgery as required, and adequate radiology facilities including 24 hour computerised tomography. Unfortunately many district general hospitals are unable to provide an appropriate service from these specialties. The problem is compounded by the general apathy to trauma shown by many senior surgeons. While we would agree with Leaman1 that all hospitals involved in trauma care should submit data to MTOS, we would not expect the results to be encouraging. Recent analysis of data submitted both to MTOS and to the Scottish Trauma Audit Group showed mediocre results, with delays in treatment despite senior staff involvement in initial resuscitation.3

It is obvious that Leaman is not a proponent of aeromedical helicopter transport; however, in his local region 22% of the County Air Ambulance missions over the last five years involved interhospital transfers. We suggest this service should continue to be used for transfers involving significant distances, where severe traffic congestion on motorway networks may result in prolonged journeys by land ambulances and for those patients whose clinical condition benefits from the method of transportation for example spinal injuries. The Glasgow Clinical Shock Study Group2 provides the gold standard for interhospital transportation; however, as they point out, the development of an integrated transport system involving experienced doctors is unlikely to become a realistic option in Britain due to the financial implications involved between different hospital Trusts.

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4 Medco: Medco Adverse Incident Centre. Extra-laboratory use of blood glucose meters and test strips: constrictions, training, and advice to users. Safety Notice MA SN 9616, 1996.

Decision support for telephone advice

Editor,—We read with interest the paper by Smith, et al.1 Since the paper was written researching telephone advice in A&E and general practice and have developed approaches to standardising patient assessment and advice. This includes piloting a telephone consultation skills training package for a computer based decision support system.2 Our findings, based on an analysis of 340 calls to an A&E department, concur with those of Smith, et al.3 Specifically, 72% of patients were found to be A&E, 21% to attend their GP, and 31% given home care advice. We found similar support from the nursing staff using the system. We also found that 53% were aware that the nurse was using a computer, and the majority (75%) believed it to be a good idea to use computers to provide clinical care.