Letters, Correction

Management of major trauma

EDITOR,—Major trauma comprises 1 per 1000 emergency cases in Britain there is limited opportunity to develop expertise in the management of these patients. In this context, many patients arrive at hospital during unsocial hours when accident and emergency (A&E) departments are often staffed by inexperienced staff and specialist intervention is not readily available. This report describes the results of an audit of cases arriving at hospital during unsocial hours. The TROP TL slides may be useful at 12 hours to exclude myocardial injury but do not offer important information in the diagnosis of myocardial infarction in the first hours after presentation at an accident and emergency department.

Through the trial we made some observations which should be carefully considered when using TROP TL slides, especially in cardiac surgery. (1) A good light source is required to read the slide, as the positive line can often be faint and the slide needs to be carefully assessed. (2) It is essential to ensure that 20 minutes elapse before reading the slide, as samples with levels of troponin T close to the sensitivity of the assay only develop after this time. The negative control line often develops within 10 minutes and this could lead to the result being misinterpreted in the absence of careful timing. These factors are likely to lead to problems in busy clinical areas, where necessary care with the timing and interpretation of the result may not always occur. (3) Sample handling is also important, and well mixed blood free from haemolysis is required. Since whole blood is used, haemolysis is only a concern because of causing a red/brown colouration of the reading area.

We believe that when designing slide tests for use outside the laboratory, manufacturers should ensure that the strength of signal line for a positive result is clear, especially at low levels of the measured analyte. The strength of the negative control line should be equivalent to the signal line obtained by a weakly positive test and should appear after the assay reaction time has been reached to ensure that slides are not read inappropriately.

In summary, the use of slide tests appears to be very simple but valid results are only obtained with careful and consistent use. The crucial role of the laboratory in the safe use of glucose meters outside of the laboratory is wide ranging. Many clinicians are evaluating slide tests for use at the patient’s bedside where they seek the advice of their laboratory in the choice, evaluation, and training of staff in the use of these systems. Only with such collaboration will such assays lead to improvements in patient care.

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Decision support for telephone advice

EDITOR.—We read with interest the paper by Strange et al. Since we have been 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. Our findings, based on an analysis of 340 calls to an A&E department, concur with those of Strange et al. For example, 6% of calls to 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% of patients were not 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.
decision support. These results provide further evidence of both professional and public support for this approach.

As Srinivas et al point out, the weakness in telephone consultation lies in the area of history taking. It is in this area of patient assessment where decision support is of greatest value. For the record of the consultation to be of most use, particularly if litigation were to arise, it would seem highly desirable to have a complete record of the questions asked and the responses given. Provisional analysis of research that we are undertaking using simulation of calls has identified that nursing staff form a hypothesis as to the nature of the patient’s problem early in the consultation. This is then followed by a process of backward reasoning, gathering evidence to support the hypothesis rather than forward reasoning from symptoms to hypothesis. The approach to the assessment is related to the complexity of the task—the more complex the assessment, the less systematic the approach. If decision support in telephone consultation is to be of value it should delay the hypothesis generation and promote forward reasoning; it should also be designed to help the user to structure more complex consultations. Decision support systems need to be developed to enable this, while being sufficiently user friendly to be acceptable to staff.

Correction
An uncorrected scanning error occurred in the title of the abstract “Prehospital diazepam: an audit of use” in the last issue (volume 14, page 126), where “adult” was printed instead of “audit”. Also the name of one of the authors (H Cosgrove) was omitted. The authors have informed us of an error in their analyses, which means that the data presented are incorrect, though the conclusions are unaltered. We understand that they will be submitting a definitive paper on this subject to the journal. This will be peer reviewed in the usual way.

### Trauma Care (UK) 1st Biennial Conference

**“Total Trauma Care”**

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This conference and future conferences will promote integration of trauma care by establishing “Total Trauma Care”. The conference will provide access to relevant advances and current thinking in all aspects of trauma. Trauma care professionals are all aware of the advances being made in their respective areas of involvement with the trauma victim and the conference will recognise those parts of the chain of care which, often repeatedly, break down. The conference will allow both local and national professional groups to work together on an equal basis, through a common doctrine, to a single goal. Professionals attending the conference can then understand the whole chain of care concept, with a view to reducing morbidity and mortality associated with trauma.

Details available from Total Trauma Care, c/o Conference Secretariat, Index Communications Meeting Services, Crown House, 28 Winchester Road, Romsey, Hampshire SO51 8AA. Tel: 01794 511331/511332; fax: 01794 511455.

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