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In this issue

Chest pain observation units should be evaluated in the UK

It is claimed that an A&E based chest pain observation units (CPOU) could save costs, reduce admissions, and prevent inadvertent discharges of those with myocardial infarction. In this issue Steve Goodacre reviews the evidence for this service (p1). All studies to date originate from the US. They demonstrate that the CPOU is safe and, in the US setting, cost saving. However, no comparison convincingly demonstrates that the CPOU is more effective than routine practice, while cost savings may not be reproduced in the UK. Formal evaluation should precede implementation in the UK.

Ultrasound imaging of fractures—a viable alternative

Ultrasound is an established imaging technique that is finding an ever increasing role in emergency medicine. This paper explores the possibility of expanding this role into the realms of fracture detection (p22). The accuracy of ultrasound imaging for fracture detection was compared directly with radiography in 26 children with a suspected greenstick fracture of their forearm. The authors found that there was an absolute correlation between the imaging techniques and conclude that ultrasound may well be useful in the place of radiography for uncomplicated fracture detection.

Continuing professional development

Most doctors have always kept up to date but the importance of continuing education and development has been emphasised in recent years. It is a rapidly changing field: what started as CME has become CPD and the emphasis on counting hours is being replaced with appraisals and personal development plans. These will play a major part in revalidation. In this article the faculty director of CPD explains how CPD can be made to work better and discusses its future (p12).

A&E led paediatric ketamine sedation

Much work has been completed in the US and the developing world, but few A&E departments in the UK routinely use ketamine sedation in the management of painful interventions in children. This paper looks at the reality and feasibility for its use in the UK A&E department and its acceptability from the parents' point of view (p25). One hundred children were studied, no serious adverse events occurred, and parental response to this form of treatment was extremely positive. With expansion of UK A&E departments in both size and seniority of medical staff, this option for painful paediatric interventions should be explored and developed further.