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In this issue

A&E telemedicine: here to stay

Telemedicine is becoming an integral part of A&E practice. Familiar to most when used for the rapid transmission of computed tomograms, it is also finding a niche in the support of minor injury units, and was a common theme in many recent modernisation bids.

In this issue we review telemedicine to date: its history, applications, and the available evidence concerning teleradiology, minor injuries support, and the ethical and legal implications.

This paper provides a timely summary of this rapidly expanding field, and will help prepare the reader for a future in which pictures may be sent as commonly, and easily, as words (see p 157).

Current opinions and practices in the treatment of spontaneous pneumothorax

Are physicians managing spontaneous pneumothorax according to evidence-based guidelines? What factors influence the decision for conservative management, simple aspiration, or intercostal tube drainage? The British Thoracic Society 1993 guidelines for the management of spontaneous pneumothorax are based on sound concepts and valuable expert opinions. However the approach world wide seems to be still highly variable from centre to centre. A review of current literature has identified several important findings in recent studies upon which further scientific and thorough research can focus. Further evidence-based studies may indicate the need for revision of current practice guidelines (see p 165).

A process approach improves pain management in the emergency department

Pain management in emergency departments is notoriously poor. Strategies for improving pain management were identified by a detailed process review followed by the development of a new policy. The key features of this change were a move from the intramuscular to the intravenous route of administration for narcotics and vesting the primary responsibility of

managing analgesia treatment nurses. This retrospective study evaluates the impact of this process by comparing analgesia ordering practice for 1993 and 1997 for patients with long bone fractures. There was a dramatic change in analgesia administration practices away from the intramuscular route in favour of the intravenous route. This study demonstrates that a process approach to improving pain management can make a significant and sustained change (see p 185).

PACS can help A&E clinicians

Many hospitals are moving away from the use of conventional *x* ray films and becoming "filmless". Radiological images are produced, transported, and stored in a digital format using the Picture Archiving and Communication System (PACS). In these hospitals clinicians use digital images on computer screens to assist in making decisions about patient management and treatment. This study has been undertaken to determine whether the use of PACS has an effect on the number of radiographic diagnoses missed by doctors working in A&E. It concludes that the proportion of false negative reports is reduced but that the proportion of patients who have to be recalled does not change (see p 180).

Development of an assault patient questionnaire

The NHS (Health Authorities) is included in the 1998 Crime and Disorder Act, with police and local authorities to tackle crime which requires local crime audits to be performed. The key source of information for health authorities is the A&E department. A questionnaire was devised with the authors of the British Crime Survey allowing the collection of information about assaults. This questionnaire was completed on all assault patients presenting to a large A&E department over a two week period. After this the questionnaire was evaluated and amended. Completing this questionnaire enables A&E departments to contribute uniquely to tackle community violence (see p 196).