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## In this issue

### **Chest pain evaluation units—the evidence reviewed**

The use of chest pain evaluation units to manage emergency department patients with chest pain of uncertain origin has become widespread in the United States, but has yet to make an appearance in UK A&E practice. This review article (see p 237) identifies and appraises the evidence for the effectiveness of these units and concludes that, though the evidence is favourable, UK, rather than US based evidence, is needed before any changes in practice.

### **Communication skills training for emergency department senior house officers remains a challenge**

The teaching of consultation skills at all levels of medical education is now recommended by the General Medical Council. This paper (see p 246) confirms the need for training in this area, as well as demonstrating the benefits and drawbacks of direct observation and feedback as a teaching tool. The authors postulate that the use of video recording with group feedback may be a more time efficient method of training in this setting.

### **Evaluating the use of computerised clinical guidelines**

Clinical guidelines are becoming an increasingly familiar part of clinical practice. However, quick and easy access to guidelines in a busy A&E department can be a difficult process. This study (see p 254) evaluated the pattern and frequency of use of computerised clinical guidelines (CCG) which were developed for use in A&E. The guidelines were used extensively, often at periods of peak activity. The pattern of use also highlighted areas of educational need. CCG can be easily accessed and integrated as part of normal day to day

working practice. The conclusions of this paper suggest that CCG should be developed further within UK A&E departments.

### **Why do children vomit after minor head injury?**

Children vomiting after minor head injury may be a result of individual intrinsic factors rather than extrinsic factors related to the injury. Few have published papers on this common paediatric emergency problem and therefore its significance remains unclear. Prospective data on 463 patients, regarding injury and individual features, identified associations with vomiting and the patient having a history of recurrent vomiting or motion sickness (see p 268). If intrinsic factors cause children with head injuries to vomit its role in management decisions will need to be clarified, potentially with fewer patients requiring investigations or admissions. Causation of vomiting warrants further research.

### **Preventing drug related death in the community**

The number of opiate overdoses and drug related deaths among drug misusers continues to rise. This paper examines the relationship between drug related deaths in the community and a local A&E department in Brighton (see p 272). It found a high association. Many individuals were known to the department and were users of A&E services. They were mostly men in their early 30s with a history of opiate abuse. Clearly A&E departments have a role in attempting to prevent drug related deaths in the community. There should be greater awareness by A&E staff of this vulnerable group of individuals with involvement of social services where appropriate. General health advice and direction to a local drug dependency unit may also be appropriate.