Cyclizine

It has come to our attention that it is common practice within our health authority for paramedics to routinely administer to all patients with suspected cardiac chest pain, a 50 mg intravenous dose of cyclizine, as an antiemetic, in conjunction with the intravenous analgesic nalbuphine. This is the protocol in our area.

We are concerned at the use of a drug likely to increase heart rate and thus myocardial oxygen demand, in patients with an already critically ischaemic myocardium. The vago-lytic effects of cyclizine are well known often to increase heart rate and thus myocardial dysfunction regardless of their left ventricular function.

The BNF reports that cyclizine counteracts haemodynamic effects provided by opioid administration and goes further to state that a common side effect is palpitations and arrhythmias, surely neither being beneficial to the patient with chest pain.

In our view the logical antiemetic of choice would be ondansetron, which is effective, if expensive, and devoid of serious common side effects unlike cyclizine and indeed metoclopramide.

T Dodd, T Doyle
Dorset County Hospital, UK
Correspondence to: Dr T Dodd, Anaesthetic Department, Level E, Mail point 24, Southampton General Hospital, Southampton SO16 6YD, UK

References

Public health warning: Pancake Day!
The isolated burn of the hand is a typical injury in young children and long term sequelae are not uncommon, particularly after flame and contact burns, which are more prone to scarring. Children under the age of 11 years are more likely to sustain contact burns.

The paediatric accident and emergency department at St Peter’s Chertsey opened its doors in the year 2000. In that time we have seen two Shrove Tuesdays (27 February 2001 and 7 March 2000) and two Guy Fawkes nights (5 November).

The number of burns treated on the 5 November totalled two cases (0, 2 respectively) and those treated on Pancake Days totalled five cases (2, 3 respectively), over double. The cases attending on Pancake Days were all burns to the hands from hot frying pan handles. Parents were present on all occasions.

Burn prevention programmes and general prevention ideas such as school lectures and tests need to be improved so as to highlight the risk of burns on any occasion. Regarding frying pans, manufacturers should be made aware of this hazard and look at the possibility of handles that do not conduct heat.

T S Huseyin, V M O’Neill, P S J B Rana
Accident and Emergency Department, St Peter’s Hospital, Chertsey, Surrey, UK
Correspondence to: Mr T S Huseyin, 42 Beechcroft Avenue, New Malden, Surrey KT3 3EE, UK; turanserv@btinternet.com

References

CORRECTION
An error occurred in this paper by Dr M Sakr and others (2003; 20: 158–63). The correct spelling of the surname of the fourth author should be Sanders (not Saunders).

L Tilling, M J Clancy
Accident and Emergency Department, Southampton General Hospital, Tremona Road, Southampton SO16 6YD, UK
Correspondence to: Mr M J Clancy, clancm@hotmail.com