

PRIMARY SURVEY

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CLINICIANS TAKING PICTURES – RECOMMENDATIONS FOR BEST PRACTICE

Do you regularly take photographs in your clinical practice? What is the purpose of these photographs – for clinical purposes? As an educational resource? Or for medical legal reasons? Does your department have a written policy for photography, and do the clinicians involved obtain appropriate consent? Are you aware that these images could potentially be used for purposes other than that for which the image was originally intended? Are you aware of the potential litigation that could possibly follow the use of these images? Bhangoo *et al*, have investigated practices throughout Accident and Emergency Department in the UK and make recommendations on best practice.

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WHEN SHOULD WE THROMBOLYSE PATIENTS WITH PULMONARY EMBOLISM?

Pulmonary Embolism remains a common disease with an incidence of about 60-70,000 of the general population. Now that thrombolysis has an established place in other conditions where vessel occlusion has occurred due to clot formation the question arises as to what place thrombolysis will have in the treatment of pulmonary embolism. Harris and Meek have conducted a systematic review and make recommendations on those who will definitely benefit, possibly benefit, and those who seem likely will not benefit from thrombolysis.

See p766

NIV AS A FIRST LINE TREATMENT FOR ARF – A “REAL LIFE” EXPERIENCE IN AN EMERGENCY DEPARTMENT

Antro *et al*, state that up until now the evidence for the use of non-invasive

ventilation has only come from well conducted trials with patients mostly being monitored in an intensive care unit. The authors thus decided to use non-invasive ventilation in an emergency department with the patients being monitored in an intermediate care unit rather than ICU. Success rates in this setting were lower than in previous published patients, but the authors believe that the paper reflects real practice and that using appropriate predictors of success the use of non invasive ventilation in this setting may be a more realistic goal for many hospitals.

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RELATION BETWEEN EPISTAXIS, EXTERNAL NASAL DEFORMITY, AND SEPTAL DEVIATION FOLLOWING NASAL TRAUMA

Daniel and Raghavan have tested the hypothesis that Epistaxis after nasal trauma could be used to predict post traumatic external deformity. They thus looked retrospectively at 139 patients attending a fracture nose clinic to see if this was the case.

See p778

HOW IS DVT DIAGNOSED AND MANAGED IN THE UK AND AUSTRALIAN EMERGENCY DEPARTMENTS?

Recent developments in the diagnosis and management of deep venous thrombosis have made changes to the diagnosis and management of deep venous thrombosis. In this study Samson *et al*, wished to identify how these changes had been implemented in the UK and Australia to take advantage of recent knowledge on the diagnosis and management of DVT. The authors thus sent a questionnaire to Emergency departments in the UK and Australia, the results reflect a variety of different approaches for the diagnosis of deep venous thrombosis but considerable uniformity as to the management.

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THE RIGHT PLACE AND THE RIGHT SPACE: AWARENESS OF THE LANDMARKS FOR NEEDLE THORACENTESIS

Needle thoracocentesis can be a life saving procedure. However, surrounding the appropriate anatomical site for the performance of this procedure are a variety of structures, which if damaged due to the incorrect placement of the cannula, used for decompressing the tension pneumothorax, could lead to a life threatening iatrogenic injury. Ferrie *et al*, thus decided to look at emergency physician's ability to correctly name and identify the appropriate site for this procedure. The results of this study will prove interesting both to clinicians and to educators.

See p788

TREATMENT FOLLOWING SELF-HARM

Patients who have engaged in self harm form a significant proportion of patients attending emergency departments. Many have a mental disorder and/or have misused alcohol. It is not uncommon for many of these individuals to refuse treatment. This can lead to complex ethical and legal dilemmas for health professionals. Jacob *et al*, looked at a group of individuals who had presented with self harm, assessed their capacity to consent or refuse treatment by using a commonly recognised “functional approach”. They then looked at how much the patient's capacity to decision make improved after presentation of written information and then looked at the reasons why some of these patients were still judged to not have sufficient capacity to make judgements about their own treatment.

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