

# PRIMARY SURVEY

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## GUNSHOT INJURIES AND INTIMATE PARTNER VIOLENCE

We often neglect the psychosocial aspects of our specialty, probably because the nature of the work means that the immediate overcomes the important. Two papers in this issue of the journal do something to redress the balance. Firstly, in our paper of the month, Anne Frampton gathers together the moral, legal, and ethical issues we face in following (or not following) the General Medical Councils' guidelines that doctors working in emergency departments should report all gunshot injuries to the police. As Dr Frampton shows this is a complex area where public interest and duties of confidentiality need to be balanced, and both need to be seen in the context of a changing legal framework. In another interesting paper Hurley and coworkers from Halifax, Nova Scotia investigate the patient perception of questions pertaining to intimate partner violence. We are all being urged to ask about domestic violence as a routine, and this paper surveys the attitudes of emergency department attendees (male and female) to screening of women. The vast majority of patients support this approach in principle—so that's another excuse for inaction put to bed, and another push for us to work out

how to get on with it and ask these questions in practice.  
See pages 84, 97

## AIRWAY ASSESSMENT SCORE

As anyone who has done the National Airway Course will know, you should always feel a LEMON as part of the preparation for rapid sequence induction. But is this enforced encounter with citrus divorced from gin actually worthwhile? Matthew Reed and colleagues from the Royal Infirmary in Edinburgh have investigated the usefulness of the LEMON airway assessment score in patients in the resuscitation rooms in predicting the likelihood of difficult intubation. It turns out that this LEMON is good for airway assessment as well as scurvy.

See page 99

## PAEDIATRIC REHYDRATION

We are all looking for the holy grail of interventions that increase quality, reduce admissions, and make no difference to emergency department stay. Russell Boyd and others report data from a pilot study of oral rehydration of children with gastroenteritis in the emergency department. Their approach, which is described in useful detail, seems to have real merit and has a high grail score as well. Clearly a randomised controlled trial is warranted.

See page 116

## PHYSIOTHERAPY IN THE EMERGENCY DEPARTMENT

Finally Barbara Richardson and her colleagues from the University of East Anglia report the results of a randomised controlled trial into the clinical and cost effectiveness of emergency department based initial physiotherapy assessment when compared with usual care. They use a non-inferiority design (that is, the null hypothesis is that one of the interventions is inferior). Their findings are very interesting: firstly (as usual) there is the usual high level of patient satisfaction with the new service, secondly the costs are comparable. The unexpected finding is that patients seen by the physiotherapists may have a prolonged time to return to usual activities (the findings just fail to reach statistical significance). It is impossible to know why this has happened—but it reminds us that all new systems, however modern they are, should be properly evaluated before they are accepted.

See page 87