

PRIMARY SURVEY



Jonathan Wyatt, Associate Editor

FROM HYPOTHERMIA TO HEATSTROKE

In this issue, researchers present work on two thermal extremes. In an effort to discover the best method of rewarming, Anthony Williams and colleagues induced mild hypothermia in 12 human volunteers who were monitored with oesophageal and rectal thermometers and were then rewarmed in different ways. They present their results comparing use of forced air, radiant warmer and polyester blanket.

From a distinctly warmer climate, George Varghese and colleagues report a retrospective study of consecutive adult patients admitted with heatstroke to a South Indian teaching hospital. They emphasise the high mortality of the condition and suggest how certain blood tests can be used to predict those most at risk of multi-organ failure.

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THE PATIENT'S PERSPECTIVE

The recent focus of those working in emergency medicine has been to achieve time-related targets set by government, whilst also providing high quality care with good patient outcomes. It is refreshing and interesting to hear patients' views on waiting times and the systems which are in place in emergency departments. Caroline Palmer and colleagues undertook semi-structured telephone interviews of 321 patients who had recently attended an emergency department

with "less urgent" problems. On the basis of their results, they conclude that the vast majority of patients do not exhibit unreasonable behaviour and/or expectations. They argue that the modern emergency department should no longer regard certain patients as being "inappropriate attenders".

Continuing the theme of eliciting the views of patients, Elizabeth Cross *et al* interviewed patients who attended an emergency department. They uncovered an expectation of patients being asked to wait and an acceptance of the need for some prioritisation. Patients perceived a need for better communication, particularly in relation to waiting times.

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LESS PAIN WITH LOCAL ANAESTHETICS

Local anaesthetics are in widespread use and have obvious benefits. These benefits are often accepted at the expense of discomfort associated with their administration. There is a wealth of evidence which identifies ways of avoiding the pain of injection, although this evidence does not always seem to be well known. Omar Quaba *et al* review the literature and outline ten ways in which the pain of local anaesthetic administration can be reduced.

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ULTRASOUND GUIDED CENTRAL VENOUS CATHETERISATION

NICE guidelines often seem to have significant implications for emergency medicine. This is certainly true of the guidelines issued regarding the use of ultrasound to assist the placement of central venous catheters. Whilst many clinicians have previously argued that emergency physicians should have diagnostic ultrasound skills, Paul Atkinson *et al* review the evidence to support the use of ultrasound to assist the insertion of central venous lines in the emergency department. They discuss the resource and training implications.

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TELEMEDICINE TO ASSIST PREHOSPITAL THROMBOLYSIS

When it comes to myocardial infarction, everyone knows that "minutes mean muscle". With this in mind, prehospital thrombolysis administered by paramedics using telemedicine support has been introduced in many areas. Woollard and colleagues report on their early experience in a rural setting and from their findings, they sound a note of caution.

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