

# PRIMARY SURVEY

Geoff Hughes, *Editor*

## ULTRASOUND

Emergency physician performed ultrasound is talked about frequently. The benefits are well documented and take-up between and within countries is variable. McLaughlin *et al*, conclude that although most emergency physicians are in favour of ED ultrasound, the reality of trying to implement it is quite different. If it is to become a genuine part of contemporary ED practice a lot of work is still needed. The addition of ultrasound skills to the UK curriculum is an important step but this alone will not be enough.

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## ULTRASOUND GUIDANCE FOR CENTRAL VENOUS CATHETER PLACEMENT

Chikunga writes in to contribute to the ultrasound debate, believing that ultrasound guidance is not the be all and end all for catheter placement. His letter also criticises NICE and its financial analysis of investigation costs. NICE has recently been severely criticised for similar reasons after their Head Injury Guidelines were published.

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## MEDICAL PHOTOGRAPHY

Cheung *et al* write in with the results of their study into patients' attitudes to medical photography. The ease with which digital images are captured and distributed raises concerns about consent. How is Informed Consent for photography consistently applied and recorded? How is Informed Consent for much of what we do applied and recorded?

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## RICKETS

A series of case reports from Rennie *et al* remind us that rickets is not a disease of the past or only seen in the developing world. They remind us that it can present in several ways but is normally diagnosed radiologically.

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## CASE BASED LEARNING

The educationalists amongst you will know about case based learning. A paper from Melbourne by Brett Williams offers a literature review of this educational principle, and describes how it will be of benefit in prehospital care education.

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## PARAMEDIC DELIVERED THROMBOLYSIS

Macharotu *et al*, in a retrospective observational study, compare prehospital and in-hospital thrombolysis. They conclude that paramedic-delivered therapy can be given safely and effectively. Time gains are substantial.

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## PARAMEDIC PAEDIATRIC EQUIPMENT

A questionnaire study by Roberts *et al* highlights inconsistencies across the country in prehospital care (in both equipment and skills) for the management of sick children. National guidelines are in place but many ambulance trusts do not comply with them. The authors conclude that children's lives are at risk.

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## ACUTE HEADACHE

The case report from Navaratne *et al* reminds us that not all acute headache decision making is CT dependant. Sagittal sinus thrombosis is rare but needs to be considered. MRI scanning is critical to detection and CT is not the investigation of choice in this condition.

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## FINALLY.....

C-reactive protein as a 'routine' ED investigation has both supporters and critics. Huntley and Kelly present a case which may fan the flames on both sides of the debate.

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