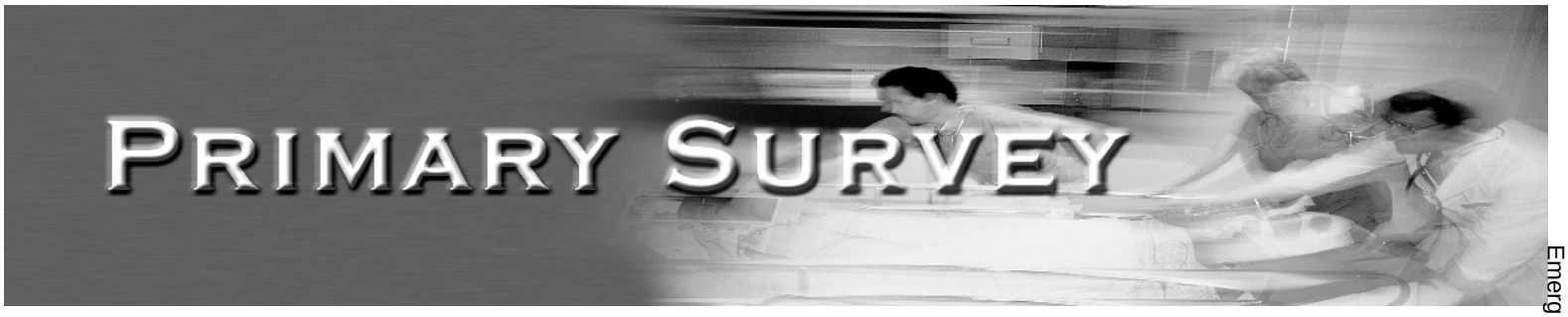

Colville Laird, *Deputy editor*

REVIEW OF CALLS TO NHS DIRECT RELATED TO PAEDIATRIC EMERGENCY DEPARTMENT ATTENDANCE

I am sure that no honest physician would ever say that this is easy to assess and give advice about a sick child over the telephone. This in reality is something that NHS Direct and NHS 24 have to attempt to undertake. When such advice is given by these organisations, is it appropriate? Is it accepted by those seeking advice? Does it triage patients appropriately? And how do the group of patients referred by the telephone advice services compare with patients referred by general practitioners or self referring. This paper looks at these subjects and not surprisingly thinks there is room for more research. It is, however, I feel a good starting point to look at this topic and hope that it will be read with interest by many.

See page 911

UNILATERAL FLAIL CHEST IS SELDOM A LETHAL INJURY

We are all taught from early on in our careers that assessment of the trauma patient includes an examination for a flail segment. How important is this injury in the trauma patient? This paper looks at the unilateral flail chest and attempts to identify how important it is for the trauma patient.

See page 903

ABSTRACTS SELECTED FROM THE 999 EMS RESEARCH FORUM

In this issue of the journal there are a number of abstracts 999 EMS research forum. These cover a wide variety of topics, a number of which look at the introduction of the developing breed of community paramedic practitioners/ emergency care practitioners, but a wide selection of other topics are covered including the crash safety of ambulances, the need of head protection by pre hospital care workers, the use of gas driven CPR devises in helicopters, the prehospital clearance of the cervical spine and burn dressings in prehospital care. Whatever your background there is bound to be something of interest to you in this section.

See page 954 and online

RETRIEVAL MEDICINE: A REVIEW AND GUIDE FOR UK PRACTITIONERS

This months review papers appear as part of the prehospital care section. The centralisation of specialist services, the emergence of retrieval medicine in other countries and the remoteness of a small part of population are all reasons for having a retrieval medicine service available in the UK. In this two part series the authors look at the evidence based on clinical guidelines and safety aspects of a retrieval service for use in the UK. Implicit in the process of the retrieval service is the early provision of specialist advice to health providers who are currently providing health care to the patient.

See pages 937 and 943

VALIDITY OF THE MANCHESTER TRIAGE SYSTEM IN PAEDIATRIC EMERGENCY CARE

Many departments now use the Manchester Triage System as a way of prioritising patients, but how useful is this in paediatric patients. The author suggests that over triage is a problem and specific modifications should be considered for emergency care.

See page 906

FACULTY EXAMINATIONS – FIT FOR PURPOSE

The development of examinations in accident and emergency medicine is covered in this article, which describes in some depth how the content of the examination and selection of assessment methods have been developed over recent years. It also talks about the standard setting and quality control, future work and summarises that current faculty examinations are judged to be fit for purpose. I particularly like the sentences in the article which states that doctors are working at a level of autonomy higher than their capability and present a significant risk to patient safety. I think this a maxim that all of us who have been involved in the training of healthcare professionals should think about carefully. I think this will be extremely useful article for those preparing for examinations, helping others prepare for examinations and as reminder to examiners as to what is expected of them. We should all have a look at this article.

See page 924

THE SAFETY OF SINGLE PHYSICIAN PROCEDURAL SEDATION IN THE EMERGENCY DEPARTMENT

This article states that procedural sedation has been reported as a safe procedure in settings where more than one physician is available to help with this procedure at any particular point in time. The paper begins to look at emergency departments where only one physician will be available and is assisted by an emergency nurse. It looks at a total of 1028 procedural rotations performed on 980 patients, at 14 study sites. It concludes that single physician procedural sedation is safe and effective when neutralising emergency nurse monitoring.

See page 922

PREDICTORS OF AMBULANCE USE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION IN AUSTRALIA

This is always an interesting subject namely looking at patients actions when they are suffering a myocardial infarction. Evidence suggests that it is in the patient's best interest in order to decrease the risk of sudden death and achieve early reprofusion that they should seek the quickest available route to medical care. For most people this will be the ambulance service. Despite this, the paper showed that only 46% of patients called the ambulance as their initial medical contact. The authors concluded that the public should be educated in the benefits of the ambulance transport, early treatment and recognition of the symptoms of myocardial infarction.

See page 953