

PRIMARY SURVEY

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ALCOHOLIC KETOACIDOSIS

Alcoholic ketoacidosis is an uncommon diagnosis in UK emergency departments. Recent forensic studies suggest that untreated metabolic disturbance may be associated with sudden death in patients with severe alcoholism. When treated ketoacidosis resolves rapidly with no apparent sequelae. This review covers the presenting features, the biochemical features and their management.

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CLINICAL MANAGEMENT OF PATIENTS EXPOSED TO LUNG DAMAGING AGENTS

There is no specific antidote for the treatment of the casualties exposed to chlorine, phosphorine, or mustard agents. As these are relatively easy to synthesise, or are used in developed countries for industrial applications, it is not impossible that we could find patients either accidentally, or deliberately, exposed to such agents. This article looks at the available evidence for treatment of such cases, and suggests appropriate management.

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CONFIDENTIAL REGISTRATION IN HEALTH SERVICES – RCT

Patients often have limited confidentiality when registering for emergency health care. This is not socially acceptable in the 21st century. Should we be looking to changing our reception areas and providing patients with a more confidential area for registration? This article looks at this problem and comes up with some suggestions.

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VIOLENCE AND AGGRESSION IN THE EMERGENCY DEPARTMENT

Violence and aggression towards staff is a problem for the whole NHS. The size

of the problem is often underestimated by NHS staff. In this study all episodes of violence and aggression that were reported as incidents in a large emergency department over a one year period were studied. 218 incidents were identified and it is interesting to note that 14 individuals accounted for 45 of these incidents. The information in this article may be useful in developing policies to protect staff.

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THE EVOLUTION OF THE EMERGENCY CARE PRACTITIONER ROLE

The increasing demands of patient centred health care in a demand driven, high profile service, with limited resources, which has to be responsive to a fluctuating work load, whilst ensuring safe, effective, and efficient delivery of care, is an extreme challenge for the Health Service. In trying to meet this challenge, extending the clinical skills of health service staff to maximise the effective use of resources in improving efficiency is one method which has been used to tackle this problem. As a result Emergency Care Practitioners are evolving, and this paper looks at the evolution of this practitioner and suggests that over 50% of patients referred to such practitioners do not require referral to other health service professionals.

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PERCENTAGE OF PATIENTS SUITABLE FOR PREHOSPITAL THROMBOLYSIS

This paper looks at the percentage of patients who were eligible for thrombolysis in a district general hospital, who were deemed suitable for prehospital thrombolysis. Only 14.2% of patients eligible for thrombolysis in the hospital were suitable for prehospital thrombolysis according to the JRCALC criteria. The authors suggest that this shows the JRCALC guidelines are an effective tool for identifying patients with potential contraindications to thrombolysis. The editor of this edition of the Journal would like to suggest that the JRCALC Guidelines are overly restrictive, but will leave the readers to reach their own conclusions.

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FAST – FOCUSED ASSESSMENT WITH SONOGRAPHY IN TRAUMA

In this paper, from a large inner city teaching hospital emergency department, a prospective observational study was undertaken whereby all patients admitted to the resuscitation room after blunt trauma had a FAST scan performed at the end of the primary survey. This paper concludes FAST is a highly specific ruling in technique and is useful in the initial assessment of patients with trauma. Emergency physicians can perform FAST after a brief training period.

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REFERRAL FROM AMBULANCE SERVICE TO A DIABETES SPECIALIST NURSE TEAM

In this project all 999 calls from patients suffering from diabetic hypoglycaemia who refused to attend an emergency department or were considered suitable to be left at home were offered referral to a diabetic specialist nurse team. The results of this were promising and suggest that this perhaps is a proposal which should be given serious consideration for wider application.

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