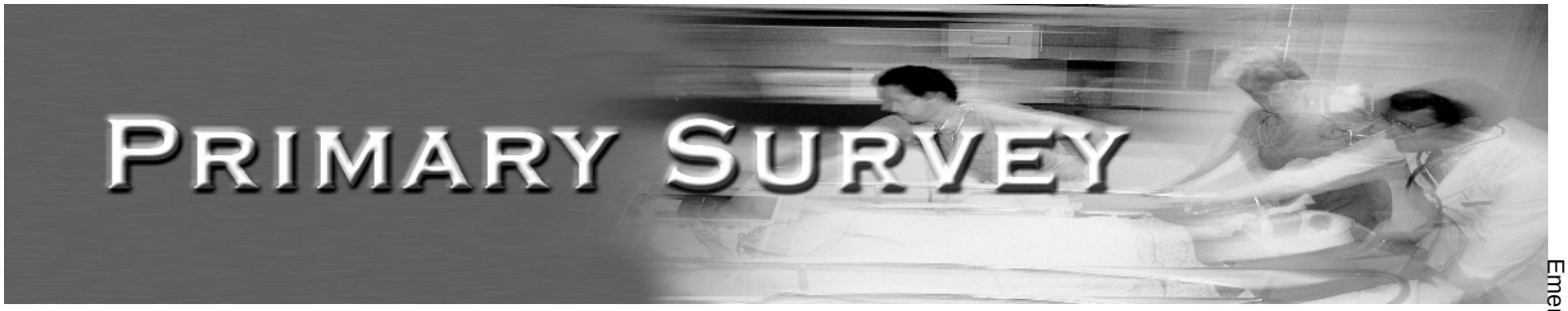

Steve Goodacre, *Deputy editor*

EMERGENCY MENTAL HEALTH NURSES

There is an ever-increasing range of specialist nurses working in the emergency department, to which we can now add the emergency mental health nurse. Sinclair and co-workers used a pragmatic study design to evaluate the impact of introducing this service in two Glasgow emergency departments. During the intervention period about a third of patients with mental health problems were referred to the nurses. Their assessments were independently judged to be of high quality, but resulted in little change to waiting times or patient satisfaction. There was some evidence that the service altered subsequent referral patterns. This evidence will reassure clinicians that emergency mental health nurses can provide an appropriate service. Policy-makers will want cost-effectiveness data before general recommendations can be made.
See p 687

WHAT DO WE NEED TO KNOW IN EMERGENCY MEDICINE?

Two articles in this month's EMJ use Delphi techniques to determine expert consensus about elements of postgraduate education in emergency medicine. Kilroy and Driscoll randomly selected 160 consultants in emergency medicine to develop a national curriculum for anatomical knowledge in the specialty. Meanwhile Carley *et al* used a similar approach to develop a syllabus of upper limb anatomy for emergency clinicians. They then compared this syllabus to what trainee emergency clinicians actually saw in practice. The poor agreement (Kappa = 0.348) between the experts and the trainees indicated disparity between what the experts considered important and what the trainees commonly managed.
See p 693 and 672

HOW MANY OXYGEN CYLINDERS WILL I NEED?

A rural emergency medical service is also no place to run out of oxygen mid-retrieval. Lutman and Petros have developed a nomogram for cylinder size and duration that allows prediction of the number of oxygen cylinders that will be needed for a given journey.
See p 703

OVERTRIAGE OR UNDERTRIAGE?

A careful balance needs to be struck when dispatching resource-intensive emergency responses, such as mobile emergency care unit (MECU) described by Anderson and co-workers. They found that only about half of patients with a reported complaint of heart attack had a diagnosis of acute coronary syndrome confirmed by the MECU physician. Meanwhile a quarter of patients with acute coronary syndrome diagnosed at the scene were not reported as a heart attack.
See p 705

EMERGENCY DEPARTMENT SEDATION IS SAFE

Duncan and colleagues report 101 cases of emergency department sedation undertaken in a Scottish hospital. They identified only four adverse events, none of which were serious, and conclude that emergency department sedation is safe and effective, provided it is undertaken by appropriately trained practitioners according to appropriate principles.
See p 684

WHAT DOES A RURAL EMERGENCY MEDICAL RETRIEVAL SERVICE DO?

Corfield and colleagues report the first year of activity of the Argyll and Clyde emergency medical retrieval service. The 40 patients that attended had high levels of acuity and 21 required rapid sequence intubation prior to transfer. This is clearly no place for clinicians who do not have advanced training or confidence in their skills.
See p 679