Primary survey

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Video telephony

Mobile phones of whatever shape and size are as commonplace as cars all over the world. The pace of change in their functionality is extraordinary and is only limited by the speed with which software applications are produced. Mobile video telephony has gained a small niche in the media; images transmitted from the scene of a newsworthy incident end up on our television screens instantly or within a few hours, although the image quality is highly variable. A team from Korea report how mobile video telephony can be used clinically as a teaching tool. The potential for further development of this modality is fascinating (***see page 178***).

Imaging usage

A challenge that has been round for many years is how to use investigations correctly, a challenge that is especially prominent with radiology. As new radiological technology comes into the market, in whatever modality, access tends to change from it being only for the highly specialised referrer to the less specialised as the equipment becomes cheaper and more mainstream. Whatever the modality and whatever the background of the referrer, the challenge is to make sure that usage is appropriate to clinical need and it is not used unreservedly. Smith and Hall studied the evidence for usage of one of the oldest investigations, the plain abdominal *x* ray. They make a bold and confident statement (highlighted on the front cover of this month's journal) about its use in the emergency department (***see page 160***).

More imaging usage

Ultrasound scanning in ED by emergency physicians is routine business in many departments, especially in FAST and aortic scanning. Less commonly some emergency physicians are developing skills in vascular ultrasound and echocardiography. Bektas and his colleagues from Turkey report their findings on how scanning the right upper quadrant impacts on their decision making confidence and the need for further investigations (***see page 169***).

Children's limb injuries

The paediatric emergency department of Lewisham hospital in east London present a retrospective review of children <1-year-old who presented with a limb fracture. The old mantra that all children's injuries need to be considered as a non-accidental injury is as true today as it has ever been. A key recommendation from this audit is that all children <1-year-old who present with a limb fracture should be reviewed at the time of presentation by a senior paediatrician (***see page 173***).

Space control theory

Space control is the theory that paramedics are concerned with establishing control over their immediate workspace in order to create an environment that supports the delivery of emergency patient care. Campeau from Ontario presents us with the first formal theory of paramedic scene management and suggests that this will improve both pre- and in-service educational programming and assist with medical quality assurance. We encourage feedback and debate on what he has to say (***see page 215***).

Acute asthmatic ambulance users

A multicentre international study describes the characteristics of people with acute asthma who use an ambulance to get to hospital. They tend to be older, married and less educated and are less likely to attend any clinical follow up appointments made for them (***see page 196***).

Glasgow's ambulance usage

Sticking with the ambulance theme, a group from the Glasgow Royal Infirmary studied ambulance usage, aiming to answer some perpetual urban myths promulgated by night staff about how the public used the ambulance service. The results may or may not be a surprise to you. It is of particular interest to the UK, as the media have been covering the topic (or a related topic) intermittently for many years (***see page 164***).

Delphi and curriculum development

This is not about a visit to the delightful site of ancient Delphi in Greece but about a research methodology The UK's College of Emergency Medicine describes the techniques it used to define its training curriculum. This is a fascinating study that will be of interest to anyone who is involved in designing a training syllabus, curriculum or simple teaching programme for any professional group and will be of special interest to medical educators. The methodology used is described in detail (***see page 181***).