# Primary survey

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Geoffrey Hughes, *Editor*

## HIV infection in children

The editor's choice this month is a paper about HIV infection in children in Malawi, a country with a population HIV prevalence of 14%, 90 000 being children. Although this horrible statistic has little clinical impact for most of us working in the developed world, it will resonate strongly for readers in all other countries in sub-Saharan Africa, including the region's wealthiest member, South Africa. The authors conducted a 6 month prospective study of all children presenting with life threatening critical illness to their local hospital resuscitation room. The results and the following discussion are both fascinating and sobering, to this editor at least (***see page 746***).

## Paediatric bladder scanners

Continuing the paediatric theme, Enright and his colleagues in Edinburgh report their study of using a bladder scanner as an adjunct to the management of dehydration. After studying 45 children with varying degrees of dehydration they conclude that the scanner is a convenient and objective tool to use. Although readers may think 'so what?', the point of their paper is that they believe this if the first report of such usage in an emergency department. It is important to note that they also report the limitations of their study and its findings (***see page 731***).

## Neonatal equipment audit

A multi-centre paper from two english midland cities reports the findings of an audit into neonatal resuscitation equipment in 169 UK EDs. Although the results are encouraging and comforting (especially with respect to airway equipment) there is still room for improvment, especially for warming devices and umbilical cannulation equipment (***see page 739***).

## Chest pain satisfaction

Clinical systems develop for many reasons; changing technology, changing demographics, demand by our political masters to meet key performance indicators, especially time based ones, and finally to try and use existing resources more efficiently. The chest pain unit (or CPU) is an example of a model of care that has appeared because of all the above factors. Measuring the efficacy and quality of such units is often purely quantitative. Elizabeth Cross and her colleagues in Sheffield report that patient satisfaction with their experience of being processed through a CPU was no different to those processed through a more traditional route. Patient satisfaction can be measured both qualitatively and quantitatively. They offer quanitative information (***see page 774***).

## Dubdoc

Does the development of new 'out of hours' services in cities impact on the number of attendances at the local emergency department? The impact of walk-in centres in the NHS in reducing local ED workload is debatable; these services are different to out of hours care provided by GPs. A team from Dublin demonstrate that in their fair city there was a substantial decrease in ED attendances for triage categories 4 and 5 from 23 888 in 1999 to 11 386 in 2007, and a percentage fall of all ED attendances from 46% in 1999 to 24% in 2007 after an out of hours GP service began; their paper offers a detailed discussion of all the relevant background factors and is recommended to anyone involved in the management and politics of such services (***see page 770***).

## International training of undergraduates—can we standardise it?

The International Federation for Emergency Medicine (IFEM) is a body that may be unknown to some readers; their 'raison d'etre' can be discovered by using an internet search engine. As the Federation says in a paper we publish this month, currently there is no internationally recognized, standard curriculum that defines the basic minimum standards for emergency medicine education; the Federation convened a committee of international experts in emergency medicine and international emergency medicine development to define a global curriculum for medical students. This paper is a curriculum document that represents the consensus views of the committee. The curriculum is designed with a focus on the basic minimum emergency medicine educational content that any medical school should be delivering to its students during their undergraduate years of training and is relevant not just for communities with mature emergency medicine systems, but also for developing nations or for nations seeking to expand emergency medicine within current educational structures. The Federation anticipates that there will be variability in how the curriculum is implemented and taught, reflecting the existing educational milieu, the resources available and the goals of the institutions' educational leadership (***see page 766***).

## Hellenic curricula

While we are writing about curriculum development we publish a paper from the anaesthetic department of the University Hospital in Crete; two different curricula for basic life support training to medical undergraduates and their outcomes were compared. The second (newer) curriculum produced better results; students exposed to it were better at retaining key life support skills than those exposed to its predecessor (***see page 762***).

## Plain x-ray imaging of the acute abdomen

The EMJ has published on this topic before and is one that has been around for 30 years or so (-longer than the EMJ or its predecessor); three general surgical trainees and an emergency physician from Birmingham provide further evidence to support the fact that plain abdominal x-rays are of limited value in assessing acute abdomens. Early USS or CT scan reduces the use of plain films and are more sensitive; methods of providing these modalities should be explored; we hope that this message can continue to be reinforced in both 'shop floor; and teaching practice (***see page 754***).

## And last but not least

We have an Antipodean paper that describes the attributes of Australian paramedic graduates (it is critical that empirically-based paramedic graduate attributes are developed and agreed upon by both the industry and teaching institutions), an audit from China of the response time and operating procedures of the Beijing 120 emergency medical service (can do better), an audit from North Devon that analyses the impact of NICE head injury guidelines for children and our usual regular mix of images, EMQs and Best BETs. We hope you will enjoy everything we have to offer this month (***see page 794***).