

Highlights from this issue

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The role of ambulance response times in the survival of patients with out of hospital cardiac arrest: 1 min=149 lives=£54 million

There are many difficult and emotionally charged questions in the provision of healthcare. We want our services to be equitable, safe and effective, and while recent media stories have perhaps focused on questions relating to cancer drug funding, we must not forget that emergency services are equally accountable in financial as well as clinical terms. Colin O'Keefe has produced a fascinating paper that looks at how response times affect survival in cardiac arrest, but even more interestingly models how, and how much we would have to invest to make matters better (*see page 704*). It's a interesting read, and a very emotive conclusion. This paper, like many other from SCHARR, will no doubt influence the future of emergency services in the UK.

When should we review an anterior cruciate ligament injury?

Well, we could answer that in two ways, we can review the advice ourselves right now, simply by reading the excellent article by Khaled Sarraf and colleagues in this edition (*see page 644*). It's a timely review of this all too common injury that still delivers a diagnostic dilemma for the emergency physician. There are some excellent links to other resources for clinicians and patients in the article—although any comments on the presence of watches and long sleeves in the photos should be referred to David Cameron's press officer.

Should we have loyalty cards for our frequent flyers?

For a long time businesses have recognised that it pays to deliver an enhanced level of care to their regular customers. I doubt

that Alastair Newton and colleagues at St Thomas's were thinking of air miles and loyalty cards when they set about tackling a tricky and resource consuming group of patients who frequently attend the emergency department (*see page 654*). It's a group of patients that we will all be familiar with—they often have significant underlying health problems, and their frequent attendance in the emergency department is frequently linked to significant pathology and health needs. They are therefore a risky group to simply dismiss without careful thought and planning. Although this was a small group of patients, just 32 in total, the authors were able to reduce the number of attendances, but to do so took what in many hospitals would be an entire day's work. Something to think about for us all I feel.

Raised eye pressures?? Do you mean glaucoma?

No, not in this case. While we will all be familiar with the concept, if not the techniques of intra-ocular pressure measurement, the use of the eye as a window to intracranial pressure is something new and potentially very valuable in the resuscitation room. Robert Major and colleagues at Addenbrooke's in Cambridge conducted a small but elegant study to see if ocular nerve ultrasound can detect raised intracranial pressure (*see page 679*). Is this yet another example of emergency physicians' apparently unlimited ability to find new, and in this case useful, things to do with an ultrasound probe?.

Does an observation unit relieve anxiety?

I often think that my colleagues use the short stay unit to relieve anxiety in the physician. Admitting someone for a few hours of observation and a few more tests seems to be less worrisome than

discharging them with a greater level of uncertainty. But what of the patients? Are they similarly reassured and relaxed about a short stay admission, and if not would we be able to spot their concerns? Interestingly, Frank Ferruche and his colleagues in France have discovered that the short stay unit is perhaps not as reassuring to patients as it is to us (*see page 662*).

Some straight talking about elbows from Australia

Michael Baker and colleagues have a paper in this month's edition that really makes you stop and think (*see page 666*). I know of many clinicians who have adopted the rule of full elbow extension equals no fracture in children. This study questions this wisdom and once again casts doubt on the applicability of the rule. I will be interested to see if our emergency medicine colleagues in the southwest of England have anything to say on this as it follows on from the excellent trial by Appleboam and colleagues on this subject published in the *BMJ* back in 2008.

Mixed methods in emergency research

It's great to see a paper extolling the virtues of a mixed qualitative and quantitative approach to research. There is no doubt that major funding organisations in the UK are increasingly interested in studies that go beyond just asking for facts to seek for explanations that require a more qualitative approach. We can measure children to see if they are getting fat (quantitative), but to answer why they are getting fatter (qualitative) really requires a different set of skills. Simon Cooper takes us through the rationale and the methods and I would commend this to anyone contemplating research in emergency medicine (*see page 682*).