

Highlights from this issue

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Human dive reflex for SVT

This issue starts in primitive fashion. The human dive reflex is a curious phenomenon and there is speculation as to exactly what purpose it serves. Gavin Smith and colleagues from Australia explore whether it can be harnessed to treat paroxysmal supraventricular tachycardia in emergency departments or in the prehospital environment. They identified and reviewed 211 articles and having focused on the relevant ones, present their conclusions in a review article on (*see page 611*).

Major trauma

Several articles on major trauma are on offer this month. The first comes from Biswadev Mitra and fellow researchers in Melbourne who report on those patients who presented critically injured with the so-called 'triad of death', comprising hypothermia, acidosis and coagulopathy. Their results make somewhat depressing reading, demonstrating little change in the high mortality rate among this group (*see page 622*).

Tackling major trauma from a different angle, Christopher Smith and Suzanne Mason explore the use of whole body CT among emergency physicians working in Emergency Departments in the UK (*see page 630*). Concerns about the benefits of whole body CT, combined with estimates of using it carrying an additional lifetime risk of cancer as high as one in a thousand, makes this understandably controversial territory. Controversy relating to the use of whole body CT appears to be reflected in their results on its use in the UK.

Moving from one difficult area to another within the field of major trauma, Catherine Marco and Lindsay Wetzel consider the tricky issue of when and who should tell survivors of a serious motor vehicle crash that others involved in the crash did not survive. They asked patients

who were in this situation how and when they learnt of the death of others in the crash. From their results, it transpired that survivors most commonly learnt about fatalities from members of their family. Based upon the opinions of survivors, however, it is not easy to make recommendations about the appropriate setting and timing of such notification (*see page 626*).

Thrombolysis for stroke

Scepticism about the value of thrombolysis for patients presenting to hospital soon after a stroke appears to have dissipated somewhat, with most attention now focused upon how to deliver the service. Within the context of a system experiencing time and resource constraints, managing to recognise patients who may be suitable for stroke thrombolysis and then deliver it quickly can represent a challenge. Those working outside of the larger centres may be interested to read the experience of Andrew Volans in Scarborough, UK. He reports on how stroke thrombolysis was delivered in a timely fashion using a collaborative approach which involved both emergency medicine and specialist stroke specialists (*see page 640*).

Did not wait

There always have been, and perhaps always will be, patients who do not wait to be seen and treated in Emergency Departments. Much has previously been written about them, partly because they appear to be a high risk group and partly because their expectations were clearly not fulfilled. Such is the concern about patients who leave without being seen, that the proportion of these patients among those presenting has become a quality indicator for Emergency Departments in several countries. Matthew Cooke and Andrew Clarey

review the literature about this elusive group (*see page 617*). It will come as no surprise that key determinants as to whether or not patients choose to wait include waiting times to triage, definitive assessment and treatment. Strategies to address delays will help to reduce the number of patients who leave early.

Emergency first aid response

The provision of adequate prehospital care in developing nations can offer a significant challenge. Resources are in short supply and yet the demand may be even greater than in developed countries, particularly due to higher rates of injury (including those resulting from interpersonal violence). With all of this in mind, Jared Sun and Lee Wallis established an innovative system in a township in Cape Town. They trained up quite a large number of adult members of the community to become emergency first aid responders—423 individuals successfully completed the training programme and assessment in the first 6 months. The scale of the programme and relatively low costs are impressive—read all about how it works on (*see page 673*).

First aid by children

Children represent one section of the community which is often in plentiful supply and potentially available to provide emergency first aid. Researchers from Oxford investigate how to best teach 10 and 11-year-olds how to place a victim in the recovery position in a short training session. Having tested them again 3 months later, they conclude that it is over-ambitious to try to teach a complex routine to children in a short session (*see page 679*). Perhaps the same principle also applies to adult learners?