



# Primary survey: highlights from this issue

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Welcome to this month's Primary survey. This month's journal has a variety of topics from trauma, paediatrics, ultrasound and malpractice. I'll take you through some of the highlights.

## Editor's choice: The impact of serial cardiopulmonary point of care ultrasound (PoCUS) exams in patients with acute dyspnoea: a randomised controlled trial

This paper investigates if treatment guided by monitoring patients with acute dyspnoea with serial cardiopulmonary PoCUS examinations and usual care could reduce the severity of dyspnoea. The multicentre RCT set in Denmark recruited 206 patients. 102 in the PoCUS group and 104 in the control group. The mean difference in verbal dyspnoea scale between patients in the serial ultrasound and the control group was  $-1.09$  (95% CI  $-1.51$  to  $-0.66$ ) and  $-1.66$  (95% CI  $-2.09$  to  $-1.23$ ) after 4 and 5 hours, respectively. The effect was more pronounced in patients with a presumptive diagnosis of acute heart failure. This suggests that therapy guided by PoCUS, together with usual care can help with the severity of dyspnoea.

## Finding Voices: a survey of young people's experiences of the emergency department (ED)

Increasingly in the ED, we are seeing more young people presenting with mental health issues. Understanding young people's expectations when they come to the ED, could help with the care we deliver. This pilot survey aimed to capture

the perceived needs and expectations of young people attending ED following self-harm (SH) compared with those attending with suspected fractures (SFs). Results showed the two patient groups differed at baseline: it was found that the SH group had lower mood on the Short Mood and Feelings Questionnaire ( $p < 0.001$ ) and scored more highly on the Borderline Personality Features Scale for Children than the SF group ( $p < 0.001$ ). Expectations of care across both groups was similar. Using the experience measures, the SH group was less satisfied with treatment than the SF group ( $p = 0.0263$ ). This initial pilot work suggests that more work is needed to understand the expectations of the young people that present to our EDs with mental health issues.

## The emergency department or the emergency medicine service? Redefining the boundaries of responsibility for emergency care litigation in England

Litigation is something that we might worry about in our careers in emergency medicine (EM). Clinical negligence claims allocated to EM now account for the equal- highest volume notified to NHS Resolution (NHS- R). A retrospective observational study was performed at Cambridge University Hospitals NHS Foundation Trust. During the study period, 39 EM- allocated claims were notified to NHS- R with a value of £22.2 million with seven 'high- value' ( $>£1$  million) claims totalling £19.6 million. Case reviews identified a single specialty responsible for each claim, of which  $n = 20$  (51.3%) were attributable to EM, with a total value of £4.4 million (19.9%). The greatest proportion of claims was due to 'failure or delay



in diagnoses. The most prevalent EM-attributable claims were minor injuries with either delayed diagnosis/treatment or misinterpretation of X- rays, resulting in unnecessary pain. What is reported to the NHS-R as EM-attributable is not as clear cut as it should be. For leaders in those EDs, it is ever more important to review your litigation cases.

## Podcast

Finally, each month Professor Rick Body (Deputy Editor) and I release a podcast of some of the highlights of each month's journal. So, keep your ears peeled. The podcast is available anywhere you might usually download your podcasts. Alternatively you can find the podcast on <https://emj.bmj.com>.

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