Primary survey

doi:10.1136/emj.2009.090134

Geoff Hughes, *Editor*

Can we improve the quality and consistency of ED triage?

ED triage is a vexed and complex issue. There is little consistency between countries and there is even inconsistency within countries. Gerry FitzGerald, a professor of Public Health in Queensland, together with colleagues from other Australian states, have completed a comprehensive literature review of the subject. They start with an overview of how triage evolved in Australia and then they move onto international practices. We recommend this paper to any reader who has responsibility for the systems and processes around patient flow in their ED (***see page 86***).

Do senior doctors work harder than their juniors?

Armstrong and his colleagues in Dundee provide us with an interesting and timely study into medical workforce issues in emergency departments. They studied work rates among junior and senior doctors over three years, the trigger being the premise that junior doctors see fewer patients than their predecessors and, as a result, extra work is now done by senior clinicians. If true, it is a trend that is at odds with the predicted work patterns suggested by the College of Emergency Medicine in its 'Way Ahead' document. Depending on your perspective, their results will or will not surprise you (***see page 97***).

The resuscitation of septic patients

Michael Reade, an intensivist from Victoria, Australia, together with colleagues from his interstate and international colleagues, report on how different specialities in Australia, the UK and the USA start the resuscitation of patients with severe sepsis, a topic that has been in the ED, ICU and Acute Medicine headlights in recent times. Their findings are very relevant and underline how international multicentre clinical trials are challenging to researchers and that standardisation of practice is a problem (***see page 110***).

Follow-up of injured children after they leave ED

Moving back to the northern hemisphere and to south Wales, John Shepherd *et al* from Cardiff describe an audit of children's injuries and how child protection agencies become (or don't become) involved in follow up care after the children have left the ED. There are some salutary lessons to be absorbed (***see page 125***).

Nurse led, children's first-fitter clinics work very well

From the northwest of England, we have a description of a nurse led 'first-fitter' clinic in a children's ED. One of the outcomes of the clinic was a revision of the initial working diagnosis, not by any sophisticated investigation, but by the taking of a comprehensive detailed history of the 'fit'. The clinic is appreciated by families, paediatricians and general practitioners. It is a success and is a marker of how creative thinking about models of care can deliver widespread benefits (***see page 128)***.

Teaching prehospital care to medical undergraduates

Finally, readers interested in prehospital care education, particularly how this discipline is taught to medical students, will find the paper from the United States by Merlin and his colleagues, useful. With what appears to be relative ease, they set up a detailed programme for 4th year students; not surprisingly they found the students achieved an improved understanding of the subject. Their recommendation is simple; the dilemma and the challenge is how universities can fit it into to an already overcrowded clinical curriculum (***see page 147***).