

# PRIMARY SURVEY

Peter Driscoll, Jim Wardrope, *Editors*

## PAEDIATRIC SEDATION IN THE ACCIDENT AND EMERGENCY DEPARTMENT: PROS AND CONS

There is currently increased interest in the safe provision of sedation to children for minor surgical procedures, endoscopy, and radiological procedures. There are changing perceptions of what is acceptable in the restraint of children during painful procedures and increasing expectations of analgesia and amnesia from children, parents, nursing, and medical staff. The advantages and disadvantages of sedation compared with anaesthesia need to be considered. Review of the relevant literature suggests that with appropriate protocols for patient assessment, management, and discharge many procedures can be performed in sedated children with a standard of safety that is similar to general anaesthesia. The main drawback should be a significant failure rate and the requirement for subsequent general anaesthesia.

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## MAGNESIUM IN THE EMERGENCY DEPARTMENT

Magnesium has been advocated for the treatment of a variety of conditions seen in emergency medicine. We present a systematic review and advice on appropriate indications for its use. Evidence supports its use in severe asthma, eclampsia, and torsades de pointes. There is insufficient evidence to justify its routine use in other emergencies.

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## SECTION 136 OF THE MENTAL HEALTH ACT 1983

Section 136 of the Mental Health Act 1983 enables police officers to detain a person, suspected of being mentally ill, and to remove them to a place of safety for assessment. There are considerable differences of opinion as to what constitutes a place of safety but A&E departments are often used. A&E staff and police constables completed questionnaires relating to various key issues relevant to the section. The level of knowledge among all groups was inadequate, 40% of police constables were unaware that this was a police power. The differences detected were alarming and may be explained by the very low percentages that received any formal training or may reflect differences in interpretation among the groups regarding their role within section 136.

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## ECONOMICAL WITH THE TRUTH?

New healthcare technologies must not only be effective, but also cost effective. Yet few A&E clinicians will be familiar with the principles behind economic evaluation and be misled by erroneous claims of cost effectiveness. This article describes some flaws in analysis that may mislead the unsuspecting reader.

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## THE INTERNET CAN HELP COORDINATE AN A&E SpR TEACHING PROGRAMME

The internet is gradually making inroads into the way the medical profession manages information. Our paper describes the development of an internet based mailing list and web site to coordinate A&E SpR teaching. These technologies offer the ability to rapidly disseminate information at very little cost, and have greatly facilitated the smooth administration of our region wide SpR teaching programme. It is clear to us that medical training and education will greatly benefit by harnessing the power that the internet has to offer.

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## SHOs UNEXPECTEDLY WITHDRAWING FROM HOSPITAL POSTS

This paper examines the extent of unexpected withdrawal from hospital posts by junior doctors. In the days or weeks before new SHOs start, withdrawal after interview can cause great difficulties. There is little time to readvertise, short list, and interview replacement SHOs, and the pool of available doctors may be limited. This study shows that over a third of hospitals in England experienced this situation in February 1998, with significant impact on A&E, orthopaedics, paediatrics, and obstetrics and gynaecology. Nearly three quarters of A&E departments had been affected over the preceding three years. Opinions on the reasons for this, and possible solutions are explored.

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