If you read any useful articles or books, please send the reference to charlotte.davies@leeds-medics.sja.org.uk or Stephen.Corry@leics.sja.org.uk preferably with a one line summary- and then it will be included. Useful phone apps are also welcomed. The aim is to send a bulletin out roughly the second week of every month- comments and feedback welcomed.

Articles are randomly included in here: inclusion does not imply agreement with the findings or the research method - and is not an endorsement. The authors accepts no responsibility for any misleading summaries.

1. **Burns - Cooking**

   Number are always useful to know, especially for exams. This article looked at Paediatric Burns in Michigan. Annually, 200 patients were admitted and 1200 treated as outpatients. 40% of burns happened in the kitchen with 50% of those being scalds. The authors emphasize the importance of considering abuse when evaluating burns in children, and emphasizing cooking precautions to avoid burns in the kitchen.

   Epidemiology and Profile of Pediatric Burns in a Large Referral Center

2. **Checking our Ambulances**

   Both in St John, and on the road, it is difficult to check our clinical equipment. Scottish ambulances have designed a checklist, making sure the most vital equipment gets checked first. Might be worth implementing?

   Developing a prioritised vehicle equipment checksheet (VECS): A modified delphi study.

3. **Pre-Hospital Asthma Care**

   In 2008/2009 there were nearly 80 000 emergency hospital admissions for asthma. As current UK guidelines emphasise the importance of evidence-based pre-hospital assessment and treatment of asthma to improve outcomes and reduce hospitalisation, morbidity and mortality this study looked into investigating the reasons for poor levels of care. They found that there were issues with clarity of guidelines, conflicts between training and guidance and misconceptions about the importance of objective assessment. Some believed that hospital staff were not interested in pre-hospital peak flow assessments. They are- so can we make sure that we do peak flows on everyone pre-neb as much as possible.

   Identifying barriers and facilitators to improving pre-hospital care of asthma: views of ambulance clinicians
4. **Sleep and Food Deprivation**

You won’t be surprised to know that food and sleep deprivation impairs attention-dependent tasks. Sleep deprivations is associated with reduced risk-taking. Both have effects on attention, memory, visual-spatial ability, and risk-taking. The study concludes that in survival situations, the need to sleep should be prioritised.

*Effects of Sleep or Food Deprivation During Civilian Survival Training on Cognition, Blood Glucose and 3-OH-butyrate.*

*Wilderness & Environmental Medicine, 22, 202–210 (2011)*

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5. **Gun shot**

This interesting case report looks at a gunshot wound to the chest causing difficulty breathing. Interestingly, the cause wasn’t a pneumothorax - but C3 C4 C5 damage. Let's hope we don’t have a gunshot wound on duty!

*Gunshot wound to the chest: not always a pneumothorax!*

*Emerg Med J November 2011 Vol 28 No 11*

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6. **Left Bundle Branch Block**

LBBB in patients with chest pain is always complicated, and the application of the Sgarbossa criteria isn’t always easy. This study had a look at the Sgarbossa criteria, and simplified them - unfortunately, the criteria is too insensitive to be used, so instead diagnosis and management should proceed according to clinical judgement. Which makes it a lot easier for us!

*Left Bundle Branch Block: Simplified Sgarbossa criteria applied to pre-hospital ECGs.*

*Emerg Med J 2011;28*

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7. **Lightening Strikes?**

We’ve seen some impressive storms already this year. Lightening causes about 50 - 300 deaths/ year and five times as many non-lethal injuries, but many deaths are under-reported. This article goes over the signs, assessment and management of lightening injuries with a warning not to aggressively resuscitate because of the risk of cerebral oedema.

*Emergent Management of Lightening Injuries October 2011: Emergency Medicine*

8. **Over the Head**
   If you are unlucky enough to have to resuscitate a patient as a lone HCP with a bag valve mask, this study confirms that the “over the head” position is more effective than any other position. You’ll have to practice every variety of position in scenario practice!

   Comparison of the over-the-head, lateral and alternating positions during cardiopulmonary resuscitation performed by a single rescuer with a bag-valve-mask device.
   Emerg Med J 2011;28

9. **Oxygen in MI?**
   We all either like the BTS guidelines, or don’t like them. This study adds little more - it concludes that there’s not convincing evidence either way. We’ll continue to give oxygen to sick patients, and only give it to hypoxic patients with chest pain.

   Oxygen therapy for acute myocardial infarction: a systematic review and meta-analysis
   Emerg Med J 2011;28:917

10. **Peer Teaching**
   Most of us like scenarios as a teaching adjunct - this report on a wilderness medicine scenario uses recently taught students to teach the next group, with a very good result. It benefited the new and old students alike.

   Lessons Learned on a Wilderness Medicine "Teaching Weekend"
   Wilderness and Environmental Medicine, 22, 277–280 (2011)

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Would You Like To Edit Journal Club?

Editorial assistance needed!

Speak to Charlotte.Davies@leeds-medics.sja.org.uk for further details!