information, the management planned was altered and the intercostal drain placement aborted.
Discussion: Sonographic evaluation of the lungs is well described in medical literature and has been used in patients to assess for pneumothorax, pleural effusion, pulmonary oedema, and lung consolidation. Even in settings where advanced imaging options are available, emergency sonography has several features that make it an attractive option for the acute care provider. In the resource-limited setting, the utility of emergency sonography is enhanced, especially when other imaging modalities are unavailable or cost prohibitive. Focused point-of-care sonography is a useful adjunct to clinical examination that may augment clinical decision-making and safely avoid unnecessary invasive procedures.

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Workplace violence in emergency medicine

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Background: Workplace violence (WPV) has increasingly become commonplace in the India, and particularly in the health care setting. Assaults are one of the leading causes of occupational injury-related deaths in health care setups. Among all health care settings, Emergency Departments (EDs) have been identified specifically as high-risk settings for WPV.
Objective: This article reviews recent epidemiology and research on ED WPV and prevention; discusses practical actions and resources that ED providers and management can utilize to reduce WPV in their ED; and identifies areas for future research. A list of resources for the prevention of WPV is also provided.
Discussion: ED staff faces substantially elevated risks of physical assaults compared to other health care settings. As with other forms of violence including elder abuse, child abuse, and domestic violence, WPV in the ED is a preventable public health problem that needs urgent and comprehensive attention. ED clinicians and ED leadership can: (1) obtain hospital commitment to reduce ED WPV; (2) obtain a work-site-specific analysis of their ED; (3) employ site-specific violence prevention interventions at the individual and institutional level; and (4) advocate for policies and programs that reduce risk for ED WPV.
Conclusion: Violence against ED health care workers is a real problem with significant implications to the victims, patients, and departments/institutions. ED WPV needs to be addressed urgently by stakeholders through continued research on effective interventions specific to Emergency Medicine. Coordination, cooperation, and active commitment to the development of such interventions are critical.

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Assessing the reliability and accuracy of nurse triage ratings when using the South African Triage Scale in the Emergency Department of District Headquarter Hospital of Timergara, Pakistan

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Objective: To assess inter and intra-rater reliability, as well as accuracy of nurse triage ratings when using the South African Triage Scale (SATS) in the Emergency Department (ED) of District Headquarter (DHQ) Hospital of Timergara, Pakistan.
Methods: This is a cross-sectional study using 42 previously validated paper based vignettes. Fifteen ED nurses assigned triage ratings to each of the 42 vignettes under classroom conditions. Validation of the SATS was done using the vignettes as a reference standard. Graphical displays portrayed rating distribution and validation measures of sensitivity, specificity, overtriage and undertriage across different acuity levels.
Results: The estimated Quadratically weighted Kappa (QWK) and Interclass Correlation was found to be substantial at 0.77(CI 0.69–0.85). Intra-rater reliability with exact agreement was shown to be 87% (CI 67–100) with one category discrepancy showing 100% agreement. An average sensitivity, 70%; specificity, 97%; overtriage, 14.7% and undertriage, 21.6% was shown. The Graphical displayed showed that Very Urgent, Urgent and routine acuity levels had acceptable levels of overtriage and undertriage.
Conclusion: The SATS has been shown to be a reliable triage scale for a developing country such as Pakistan. With accuracy being acceptable in the context of Timergara, we would suggest further validation studies looking at simple ways of validating the triage scale bearing in mind the challenges facing a developing country ED.

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Neonatal necrotizing entero-colitis: A clinico-surgical study

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Objective: Necrotizing enterocolitis (NEC) is most common gastrointestinal emergency among neonates admitted to the intensive care units. Aim of this study is to assess incidence, management, outcome and prognostic factors favouring survival of NEC cases.
Methods: A prospective study on 52 cases, age between 1 and 30 days (11 full-term and 41 preterm) with NEC among neonatal intensive care unit (NICU) admissions. According to modified Bell's classification, cases were classified into 3 groups (stage I, 12), (stage II, 20) and (stage III, 20). Stages I and II treated medically, while stage III treated surgically (peritoneal drainage and/or laparotomy). All results were statistically analysed using chi-square and ANOVA tests by SPSS, v16.
Results: Incidence of NEC in our study was 8.5% with mean presenting age (8.9 days), mean birth-weight (2200 grams) and mean gestational-age (34.9 weeks). The commonest presenting feature was abdominal distension (82.7%), followed by respiratory distress (76.9%) and neonatal sepsis (61.5%). Thrombocytopenia and hyponatraemia were present in all cases, metabolic-acidosis in 92.3% and CRP was positive in 78.9%. Free fluid was present in 73.1%, pneumo-peritoneum in 38.5% and pneumatosis-intestinalis in 15.4%. Medical treatment was sufficient in 20 out of 32 cases of stage I and II (62.5% survival). Between the 20 cases of stage III; 6 cases subjected to immediate Laparotomy (33.3% survival), 14 cases treated with peritoneal drainage, 4 survived, 2 cases were in need for subsequent laparotomy and survived. Stoma formation was done in 4 cases; resection with primary anastomosis was done in 1 case while primary repair was done in 3 cases. The overall survival in the study was 53.85%.