Uchunguzi
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Uchunguzi provides a summary of some of the most recent international literature as presented in other leading journals, but with an emphasis on what is relevant to our continent.

Embracing emergency nursing improves trauma care

This paper highlights the importance of the inclusion of emergency nursing in the development of emergency medical systems. While emergency nurses are vital in successfully treating and caring for trauma patients in developed trauma systems, there is a paucity of literature regarding the contribution of emergency nurses to trauma care in developing countries. This paper describes the ‘Health for the South’ a 5-year, 3-stage program to implement a trauma and emergency system in at Teaching Hospital Karapitiya (THK) in Galle, Sri Lanka. The authors observed that the inclusion of emergency nurses was a key component to the noted early improvements in emergency trauma care at THK.


The efficacy and value of emergency medicine

As the epidemiologic burden of disease has shifted from purely infectious pathologies to more man-made aetiologies such as trauma, governments across the developing world are realizing the need for emergency medical systems. It is crucial to be able to support, with literature, what you know to be the reality in your country. The literature review aimed to identify publications in the medical literature that support the efficacy or value of emergency medicine (EM) as a medical specialty and of clinical care delivered by trained emergency physicians. In this study the term “value” was used to refer both to the “efficacy of clinical care” in terms of achieving desired patient outcomes, as well as “efficiency” in terms of effective and/or cost-effective utilization of healthcare resources in delivering emergency care. There is extensive medical literature that
supports the efficacy and value for both EM as a medical specialty and for emergency patient care delivered by trained EM physicians.


**A brief history of how emergency medicine started in Africa**

It is becoming increasingly common to find North–South collaborations in the development of medical systems in Africa. However, the African continent is blessed to have South African emergency medicine as a resource. Africa’s first residency training program in EM was established at the University of Cape Town and Stellenbosch University in 2004. There have since been four classes for a total of 29 graduates from this program who are practicing, teaching, and leading EM. This article describes the structure of the program and discusses the history and major drivers behind its founding. Major changes, ongoing challenges, and lessons learned from the program’s first 7 years that may help advise other nascent training programs in developing countries are discussed.


**Informing services of public health emergencies**

In the resource-restricted environs of the African continent, it is important for those in charge to identify cost-effective ways to inform healthcare providers and the public when there are public health emergencies. It is recognized that health care providers (HCPs) play an important role in public health emergency preparedness and response (PHEPR) and thus need to be aware of public health threats and emergencies. The authors conducted a review of the literature aimed at identifying the systems and tools used by the public health community to generate PHEPR communications to HCPs, and to identify specific characteristics of message delivery mechanisms and formats that may be associated with effective communications. Detailed descriptions of PHEPR messaging to HCPs are scarce in the literature and, when present have not undergone rigorous scientific evaluation. They concluded that in our global climate, more attention needs to be given to evaluating the effectiveness of systems.


**Only five days to kill the bug**

Evidence-based medicine has the over the last five to ten years has become the preferred model of department functioning worldwide. However, there are few studies confirming the optimal treatment duration for many infectious diseases. The study presented below was a large randomized, double-blind, placebo-controlled trial which confirmed that five days of ceftriaxone is adequate for the treatment of uncomplicated bacterial meningitis caused by *Streptococcus pneumoniae, Haemophilus influenzae* serotype B or *Neisseria meningitidis* in children under 2 months of age.


**On a scale from one to ten, how short of breath are you?**

The dyspnoic patient is a far too common presentation to most emergency centers (EC). Clinical tools that enable practicing clinicians to quickly and reliably establish the underlying pathology are invaluable. This study aimed to validate a previously developed instrument for measurement of breathlessness in patients with acute heart failure (HF). Descriptors of breathlessness among 190 patients seeking care at the EC for acute shortness of breath were tested. The authors found that the novel assessment of acute dyspnoea using a visual analogue scale (VAS) is useful in distinguishing HF from non-HF, and may be a more valid approach as compared with using descriptors of intensity of breathlessness in an acute setting.


**Breathing made easy**

One of the steps in rapid sequence intubation is to ensure the adequate pre-oxygenation of your patient. For many EC patients, a simple oxygen mask is sufficient in attaining this goal. For the special population in the EC that is prone to rapid desaturation during laryngoscopy, additional techniques and tools may be required, most of which can be found in a bog standard African EC. The authors introduce the relatively new concept of delayed sequence intubation where muscle relaxants are delayed in the normal sequence in order to improve oxygenation first. The paper suggests that these concepts in preoxygenation and reoxygenation may allow safer airway management of the high-risk patient. A good paper for your permanent collection.


**The key to successful resuscitation is teamwork**

Early recognition and initiation of cardiopulmonary resuscitation (CPR) and defibrillation have been proven critical to reducing mortality and morbidity in cardiopulmonary arrest patients. There have been international educational campaigns and directed interventions aimed at improving healthcare worker understanding and performance of CPR. However, despite those substantial efforts to make CPR algorithms known to healthcare workers, the outcome of CPR has remained poor during the past decades. In their investigation of possible explanations of these outcomes the authors suggest that teamwork and team function during CPR may play an important role in eventual outcomes. The authors attempt to describe the state of the science linking team interactions to the performance of CPR. Given the nature of resuscitations, and in an effort to produce a scientifically reproducible study, this review focuses mainly on high-fidelity human simulator studies. Teamwork and leadership training have been shown to improve subsequent team performance during resuscitation and thus have recently been included in the training for advanced life support providers.