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In this issue

Review of the role of non-invasive ventilation in the emergency department
Non-invasive ventilation (CPAP and BiPAP) is frequently used in Australian emergency departments as part of the treatment for severe respiratory distress. It appears to dramatically speed clinical improvement in the emergency department and reduce the need for intubation. Many studies have demonstrated its effectiveness in intensive care units. This paper reviews the existing evidence for the use of non-invasive ventilation and proposes some guidelines for its use in the emergency department. Many questions remain about its optimal use but there is little doubt that emergency physicians will use it with increasing frequency (see p 79).

Survey of the use of rapid sequence induction in the A&E department
There is currently debate about the practice of rapid sequence induction by emergency physicians in the UK. This survey was designed to assess current attitudes of both anaesthetists and A&E consultants to this procedure. The results show wide variation both within and between disciplines. A proportion of A&E departments are already providing this service either routinely or when an anaesthetist is unavailable.

There is scope for much discussion on the training required for initial competence and skill maintenance (see p 95).

Complications of tube thoracostomy in trauma
Established safe practice is for traumatic pneumothoraces to be drained via the insertion of a chest drain. This procedure is thought to have a substantial complication rate. The complication rate of tube thoracostomy performed using the blunt, semiopen technique has not been assessed and may be considerably different to that encountered when more traditional closed methods of insertion were popular. This retrospective case series assesses the complication rate of tube thoracostomy in a large UK teaching hospital over a one year period. The results suggest that the blunt technique of tube thoracostomy has eliminated many of the more serious complications traditionally associated with the procedure. This paper does not support a selective reduction in the indications for tube thoracostomy in trauma. A larger study to confirm or refute these findings is needed before any change in safe, established practice (see p 111).

Public understanding of medical terminology
Triage and diagnosis rely on accurate history taking, which is dependent on the patient's comprehension of the questions asked. Cooke *et al* have demonstrated that a high percentage of people do not understand the term unconscious, which is used by both ambulance and A&E triage systems to determine priority. The understanding was worse in those whose first language was not English but was highly variable within ethnic groups. They propose that strategies need to be developed to ensure correct responses are achieved (see p 119).