Organise, Stabilise and Evaluate.....

Emergency Department(ED) is the window to any hospital's response to acute illness or injury. Preparedness, processes, and procedures are the key elements which provide a breath of functionality to such units. Developing skilled manpower, acute care curriculum for training various tiers of health care personnel are challenges. Evaluating the skills of doctors and other personnel trained for acute care is also no easy task. The commentary on evaluation of skills in emergency paediatrics by Jim Gould in this issue provides an International perspective from the chair of Overseas Examinations Committee of the Royal College of Paediatrics and Child Health. (ref.1)

Emergency Medical Technicians, Emergency Department Nurses, Physician, Surgeon, Trauma Surgeon, Co-ordinators and Managers responding as a team can ensure smooth handling of all tasks for an optimal outcome. Emergency room issues form a large part of service commitment of junior doctors in training. With inadequate supervision, competencies ill develop on their own accord with no practice guideline followed or accounted for.

In the second National Assembly of Paediatric Emergency Medicine (NAPEM) a paper on "How equipped are paediatricians to face an emergency in office practice" revealed the glaring inadequacies right at that first point of contact for the distressed child and the family.(Ref 2). Medical graduates do understand and appreciate in paper and during meetings how an efficient integrated emergency medical care system limits or prevents multi organ dysfunction in any child or adult with acute illness or injury. But their preparedness or training in pre –hospital care or exposure with hands-on experience during common emergency conditions appears inadequate.

The recent efforts of Dr.Jagdish Chinappa,a paediatrician and Dr.Meera senior Ramakrishna, a paediatric intensivist from Bangalore and Dr.Girish Subramanian a senior paediatrician of Nagpur in addressing this important issue of Preparedness of Office for Paediatric Emergencies(POPE) are praiseworthy (Ref.3)The keywords are "Stabilise and Shift". Recognition of emergencies, organisation of resuscitation team with pre assigned roles, emergency equipments and checking them and the stock of drugs, providing CPR skills to all Outpatient staff, mock drills and medico legal issues are the key components of this preparedness.

I am pleased to see the contributions on pain management and oxygen therapy in this issue. . There were unforeseen circumstances which delayed this issue. The inconvenience is deeply regretted.

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