EMERGENCY MEDICINE – UPDATE 2013

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The theme of this Family Practice Skills Course is Emergency Medicine. Thanks are due to the domain experts of the subject in writing the units in this issue as well as speaking in the Seminars scheduled for the weekend of 5-6 October 2013. Thanks are also due to the Health Promotion Board and the Ministry of Health, Singapore for supporting this Family Practice Skills Course.

Acute medical and surgical encounters are an important part of the frontline family physicians daily encounters. Succinct history taking, adequate clinical examination form the foundation for correct diagnosis. Added to this is the contextual knowledge and understanding of what needs to be recognised and what pitfalls to avoid.

Unit 1 – Optimal use of Emergency Services. The growth of emergency services in Singapore over the years in terms of volume and complexity is relentless. Good documentation of positive and significant negative findings and relevant tests provides a baseline to expedite patient assessment at the ED. An understanding of the available ED resources as well as the access to services, especially when sub-speciality consultation is needed, helps to improve the appropriateness of referrals.

Unit 2 – Improving primary care management of time sensitive emergencies. Three time sensitive conditions are discussed: acute coronary syndrome, cerebrovascular accident, and dyspnoea. The best outcomes are achieved with early pattern recognition, early identification and referral, risk stratification and early appropriate treatment.

Unit 3 – Resuscitation update – 2013. The practice of resuscitation is guided by the principle of the Chain of Survival, which essentially has four links, viz. Early Access, Early CPR, Early Defibrillation and Early Advanced Life Support. Basic cardiac life support consists of the first two links in the Chain of Survival. Thirty chest compressions to 2 ventilations at the rate of 100 compressions a minute is the norm. Hands only CPR is only used when the rescuer is unable to perform mouth-to-mouth ventilation for some reason. Defibrillation, the third link in the chain of survival, is one of the key strategies in the management of cardiac arrest victims. The fourth link in the Chain of Survival, is very dependent on the optimal conduct of the earlier three links. The diligent practice and readiness will make a difference in improving the survival of cardiac arrest victims.

Unit 4 – Pitfalls and red flags in common clinical syndromes. Common medical and surgical emergencies encountered in everyday frontline practice are: acute chest pain, acute coronary syndrome, breathlessness, headaches, abdominal pain, wound injury, and the pregnant patient. Not all present with classical textbook description. The guiding principles for safe and prudent practice are covered in this unit.

Unit 5 – Initial management of major trauma for physician first responders. The physician first responder needs to shut out the chaos and distractions at scene and focus on a systematic primary survey to assess for injuries with the potential to cause rapid deterioration, institute crucial life-saving interventions and effect rapid evacuation to hospital. This unit details a simple approach to guide the family physician to assess and prioritise management of the trauma patient, and augment the work of the paramedics in the pre-hospital phase.

Unit 6 – Emergencies in the very young patients – A primer. In the family medicine clinic, differentiating the very sick from the not-so-sick in paediatrics similarly requires awareness of the differences and subtleties in paediatric ambulatory medicine, particularly in the very young. Ten commonly encountered from tip to toe are covered in this unit: fever, the crying child, febrile seizures, unexplained tachycardia, respiratory distress, gastroenteritis, head injuries, surgical conditions, urinary tract infection & balanitis, and fractures.

Original Paper. In this issue is a study on engagement in general practice from a Medical Officer from the Out-patient Department, Ministry Of Health, Brunei Darussalam. It is a small study but nevertheless a good start in trying to answer the question on what are the characteristics associated with high scores of engagement. We encourage family physicians, Family Medicine Residents and medical undergraduates with FM aspiration to submit original studies as well as write-ups of their experiences in everyday practice. More details are given in the Instructions to Authors page at the end of this issue.

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