EMERGENCY MEDICINE: WHAT THE FAMILY PHYSICIAN CAN TREAT

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Family physicians are the personal doctors for patients of all ages and health conditions and a first contact when patients seek medical attention for acute complaints. Family physicians play an important role to triage, assess, and manage patients who present with emergent conditions or acute complaints. Patients who require more definitive care can also be stabilised initially by the Family physician. The upcoming Family Practice Skills Course on Emergency Medicine will update family physicians on management of common emergent conditions treatable in the primary care setting, on the pitfalls to avoid, and reinforce our role to educate and guide our patients to receive emergency attention when indicated. This issue of the *Singapore Family Physician* focuses on common emergency presentations to the outpatient clinic, and will provide the reader with an approach to common musculoskeletal injuries; foreign bodies in the eye, ear, nose and throat; complaints of dyspnoea and abdominal pain; and, finally, management of chest infections.

The College of Family Physicians and the Institute of Family Medicine would like to put on record our thanks to the Health Promotion Board (HPB) for supporting the Family Physician Skills Course on Emergency Medicine, and the authors for contributing to this issue of the *Singapore Family Physician* and speaking for the Skills Course.

Unit 1 on minor fracture, sprain and strain — by A/Prof Malcolm Mahadevan and Dr Kanwar Sudhir Lather — covers sprains, strains and minor fractures involving the upper and lower limbs. They emphasise the importance of splinting and PRICE (Protection, Rest, Ice, Compression, Elevation) in the management of these injuries, types of splints and their application for finger fractures, sprains and ligament injuries to ensure pain relief and optimal healing, and the indications and timeliness of referrals for various upper and lower limb fractures.

Unit 2 on acute wounds — by Dr Chua Mui Teng — covers the common acute wounds ranging from bites to lacerations; the pathophysiology of wound healing; the importance of identifying and managing patient and wound risk factors that impede wound healing; the high infection risk of animal and human bites and need for irrigation and debridement of significant bite wounds; and the need to be vigilant and promptly manage anaphylactic reactions from extensive insect bites.

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Unit 3A on foreign body in the eye — by Dr Vivian Lim — covers the red flags that family physicians need to recognise and the indications for referral to an ophthalmologist for removal of the foreign body. Unit 3B by Dr Tay Sok Yan covers common foreign bodies in the ear, nose and throat; tips and pearls in the examination for a foreign body and the appropriate equipment for removal of the foreign body; and an approach to management of foreign bodies in children.

Unit 4 on breathlessness — by Dr Pothiawala Sohil — covers a clinical approach to dyspnoea; red flags to exclude life-threatening causes of dyspnoea; potentially useful laboratory and radiological investigations available in the outpatient or tertiary settings; and management of common causes such as asthma, COPD exacerbations and pneumothorax.

Unit 5 on chest infections — by Dr Nausheen provides a clinical approach to chest infections in adults; using the validated Pneumonia Severity Index (PSI) to aid the family physician in deciding on referral to the hospital for admission, and antibiotic choice for outpatient treatment of chest infections.

Unit 6 on abdominal pain — by Dr Lim Jia Hao — covers a clinical approach to abdominal pain; additional caution to be taken when evaluating the elderly, women of childbearing age, and the immunocompromised in whom the presentation of abdominal pain can be atypical; the importance of a urine pregnancy test in the evaluation of women of childbearing age and the 12 lead electrocardiogram in patients with cardiovascular risk factors presenting with epigastric pain; using time as a tool with close outpatient follow up to ensure symptom resolution; and the provision of clear instructions on when to return for re-evaluation or attend the emergency department.

The ten readings selected from current literature related to emergency medicine will reinforce the various modules on the skills course. Jaberoo et al 2013 discuss the medico-legal and ethical aspects of ordering radiographs in simple nasal fractures secondary to assault. This has practical implications for the family physicians who also have other functions as assessors for insurance claims or court law suits. Worster et al 2015 is another must-read with evidence-based answers to commonly encountered management dilemmas in wound care.

This issue of the *Singapore Family Physician* concludes with 2 PRISM articles by family medicine residents from the National University Health System and a review article on Human Papilloma Virus (HPV) vaccination to males. Under the PRISM section is a case study by Dr Joanna Chan and A/Prof Tan Boon Yeow on an elderly lady with end-stage renal failure (ESRF) who developed acyclovir neurotoxicity after being

started on standard dose acyclovir for herpes zoster. Both herpes zoster and ESRF are common conditions in ambulatory practice and caution is due in ESRF patients for dose reduction of acyclovir to avoid causing harm from toxicity. Another case study is by Dr Jeffrey Jiang on a patient with Chikungunya fever masquerading as Dengue and highlights the challenges in distinguishing the two by signs and symptoms alone. Chikungunya is endemic in Singapore and family physicians will do well to remember this infection as a differential diagnosis in patients with persistent fever, myalgia and a rash. Both cases were seen in the wards by residents who translated good learning points for the community family physician. Finally, Dr Vincent Chan reviews the evidence for routine HPV vaccination to males. Find out from his review if the vaccine was effective in the primary prevention of HPV-related genital warts and cancers.