2010


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There is a worldwide shortage of nurses and this is predicted to worsen as more nurses retire from the profession. Within perioperative nursing in Australia there are nurse shortages in virtually every state and territory. Furthermore, since undergraduate nursing education moved into universities, there is no requirement for theatre experience and this has impacted on the recruitment of new graduates to the area. The reduction of new recruits to perioperative nursing, as well as an increased workload, has affected stress and burn-out in more experienced nurses, resulting in further losses to the profession. In 2007, as part of a South East Queensland strategy to improve recruitment of nurses to the perioperative area, a short, five-day education program was developed and implemented: the Perioperative Introductory Program (PIP). The main objective of the program is to prepare 'workready' nurses for novice perioperative practice. This paper presents the results from an evaluation study, where the main aim was to investigate participants' knowledge levels before and after the PIP. Objective assessment of knowledge was also compared to participants' self-assessment of their knowledge, competence and confidence levels. The results demonstrate significant improvements in knowledge and self-perceived competence and confidence. Furthermore, knowledge areas of strength and weakness, and knowledge areas where greatest learning was achieved were identified. It is concluded that PIP is effective in preparing nurses for novice-entry level to perioperative nursing practice in terms of their knowledge level. However, without further investigation, it cannot be assumed that this translates into competent clinical practice.


Objective: This paper explores the paradox of donor aid being delivered through a business model through a case study in Papua New Guinea.; Methods: A retrospective review of project implementation and an outcome evaluation provided an opportunity to examine the long-term results and sustainability of a large project. Analysis was informed by data collected from 175 interviews (national, provincial, district and village), 93 community discussions and observations across 10 provinces.; Results: Problems with the business model of delivering aid were evident from implementation data and in an evaluation
conducted two years after project completion (2006). Compounding the business model effect were challenges of over-ambitious project goals with limited flexibility to adapt to changing circumstances, a donor payment system requiring short-term productivity and excessive reporting requirements.

Conclusion: An overly ambitious project design, donor dominance within the business model and limited local counterpart capacity created problems in the community initiatives component of the project. Contractual pressures can negatively influence long-term outcomes that require development of local leadership and capacity. Future planning for donor project designs needs to be flexible, smaller in scope and have a longer timeframe of seven to 10 years.

Implications: Donor-funded projects need to be sufficiently flexible to apply proven principles of community development, build local ownership and allow adequate time to build counterpart knowledge and skills.


Background Patterns of diagnosis and management for men diagnosed with prostate cancer in Queensland, Australia, have not yet been systematically documented and so assumptions of equity are untested. This longitudinal study investigates the association between prostate cancer diagnostic and treatment outcomes and key area-level characteristics and individual-level demographic, clinical and psychosocial factors. Methods/Design A total of 1064 men diagnosed with prostate cancer between February 2005 and July 2007 were recruited through hospital-based urology outpatient clinics and private practices in the centres of Brisbane, Townsville and Mackay (82% of those referred). Additional clinical and diagnostic information for all 6609 men diagnosed with prostate cancer in Queensland during the study period was obtained via the population-based Queensland Cancer Registry. Respondent data are collected using telephone and self-administered questionnaires at pre-treatment and at 2 months, 6 months, 12 months, 24 months, 36 months, 48 months and 60 months post-treatment. Assessments include demographics, medical history, patterns of care, disease and treatment characteristics together with outcomes associated with prostate cancer, as well as information about quality of life and psychological adjustment. Complementary detailed treatment information is abstracted from participants’ medical records held in hospitals and private treatment facilities and collated with health service utilisation data obtained from Medicare Australia. Information about the characteristics of geographical areas is being obtained from data custodians such as the Australian Bureau of Statistics. Geo-coding and spatial technology will be used to calculate road travel distances from patients’ residences to treatment centres. Analyses will be conducted using standard statistical methods along with multilevel regression models including individual and area-level components.

Conclusions Information about the diagnostic and treatment patterns of men diagnosed with prostate cancer is crucial for rational planning and development of health delivery and supportive care services to ensure equitable access to health services, regardless of geographical location and individual characteristics. This study is a secondary outcome of the randomised controlled trial registered with the Australian New Zealand Clinical Trials Registry (ACTRN12607000233426)


A wide range of cosmeceutical products are available on the market currently, but evidence to support their use is often lacking in the literature. Specifically, there is a substantial amount of evidence supporting the efficacy of tretinoin in photaging, but the evidence supporting retinoid-based cosmeceuticals remains sparse. The authors review the current data in the literature related to vitamin A-derived cosmeceutical products and conclude that cosmeceuticals containing retinaldehyde have been shown in large randomized, controlled trials to have the most beneficial effect on aging skin. © 2010 The American Society for Aesthetic Plastic Surgery, Inc.


Administration of injections, whether local anesthetic or cosmetic injectable, can result in significant distress and discomfort to patients. This review explores factors that can alleviate anxiety and pain associated with injections including cosmetic injectables. We highlight that many techniques used to reduce pain have only been reported based on anecdotal evidence and small series. The techniques that have been reported to reduce pain, by randomized controlled trials, include pretreatment with topical local anesthetic agents and combined cosmetic injectables with local anesthetics. © 2010 Wiley Periodicals, Inc.

The benefits of breastfeeding for infant, mother, family, and community are well recognized, and increasing breastfeeding rates is considered an important health-promotion strategy. Improving breastfeeding knowledge and practice among individuals caring for breastfeeding women is considered an important aspect of this strategy. The practice-development initiative described in this article aimed to improve hospital-based breastfeeding rates through the implementation of The Ten Steps to Successful Breastfeeding. The initiative included the development and implementation of an education program aimed at changing and improving breastfeeding practices. The program was evaluated in three ways: changes in breastfeeding rates at hospital discharge; client preparation for breastfeeding and satisfaction during the postnatal period; and staff knowledge and skills.


Purpose The purpose of the study was to examine triggers for emergency team activation in hospitals with or without a medical emergency team (MET) system. Materials and Methods Within a cluster randomized controlled trial examining the effect of introducing a MET system, we recorded the triggers for emergency team activation. We compared the proportion and rate of such triggers in hospitals with or without a MET system and in relation to type of hospital, type of patient ward, and time of day. Results In control hospitals, the most common trigger for emergency team activation was a decrease in Glasgow Coma Score by 2 or more points (45.6%), whereas in MET hospitals, it was the fact that staff members were "worried" or the call occurred despite the lack of a "specified reason" (39.3%). In particular, MET hospitals were 35 times more likely to make a call because of staff being "worried" about the patient (14.1% vs 0.4%, P < .001). Control hospitals were also significantly more likely to call an emergency team because of a deteriorating respiratory (P = .003) or pulse (P < .001) rate, more calls had at least 3 triggers for activation (20.8% vs 10.2%, P = .036), and the average number of triggers per call was significantly higher (P = .013). Nonmetropolitan hospitals were more likely to call an emergency team because of respiratory rate abnormalities (33.6% vs 23.2%, P = .015). Coronary care unit calls were more likely to be triggered by abnormalities in pulse rate and systolic blood pressure, and more calls occurred during the period from 6:00 am to noon. Conclusions In MET hospitals, more emergency team calls are triggered because staff members are worried about the patient and fewer calls have multiple triggers. Type of hospital, type of ward, and time of day also affect the nature and frequency of triggers for emergency team activation.


As the economic and social benefits of creative industries development become increasingly visible, policymakers worldwide are working to create policy drivers to ensure that certain places become or remain "creative places." Richard Florida’s work has become particularly influential among policymakers, as has Charles Landry’s. But as the first wave of creative industrial policy development and implementation wanes, important questions are emerging. It is by now clear that an "ideal creative place" has arisen from creative industries policy and planning literature and that this ideal place is located in inner cities. In this article, the authors shift focus away from the inner city to where most Australians live: the outer suburbs. They report on a qualitative research study into the practices of outer-suburban creative industries workers in Redcliffe, Australia, arguing that the accepted geography of creative places requires some recalibration once the material and experiential aspects of creative places are taken into account. [ABSTRACT FROM AUTHOR]

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Many publications have highlighted a lack of practical competencies in recently qualified interns. Consultation between the University of Queensland and the Medical Education Unit at Redcliffe Hospital identified key areas where intervention could lead to greater work readiness, and the development of a complementary programme of practical workshops to remedy those deficiencies. A variety of content experts introduced the Graduate Medical Course 3 and 4 students to a range of practical skills during a dedicated lunch time one hour workshop each week over a period of 30 weeks. Several sessions were audited by the trainers though the majority of sessions used self-evaluation by the participants. There was an overall self-reported increase in the ability to perform the tasks from 25% before the session to

Four patients with synchronous breast cancer and lymphoma are described. In all cases, the lymphoma was an unexpected finding in the histopathology of the axillary lymph-node dissection. The diagnosis of synchronous malignancies poses challenges for both the diagnosing pathologist and the treating clinician.


Several case studies using Hollister Adapt Barrier Seals (7805) to assist with wound care management are described. The cases involve using a combination of Hollister Adapt Barrier Seals with vacuum assisted closure negative pressure therapy to maintain moisture control in complex wounds.


Introduction: In the presence of recent pandemic of H1N1, we managed a significant number of cases in our hospital which is a non tertiary hospital in the North side of Brisbane in Queensland. Experience from previous pandemics showed that second wave of influenza caused more fatalities. We want to share our experience in dealing with these cases that may help to prepare us better for the second wave if that happens. Methods: We retrospectively reviewed charts of all patients who were tested positive for H1N1 with reverse transcriptase polymerase chain reaction assay between the periods of June till end of August. We analysed patient characteristics, their presentation, management and outcome in this study. Results: Total number of patients with H1N1 PCR positive was 60. The median age was 35, range from 2 to 89, majority of patients being below 65 (80%), and 33% of patients were below 18. Thirty two patients (53%) have at least one other medical condition. Fever and cough were the commonest presenting symptoms followed by shortness of breath and rhinorrhea. 16% patients (n=10) had pulmonary infiltrates on chest X-ray. 18% patients (n=11) were discharged from emergency department, 51% patients (n = 31) were admitted in medical wards, 10% patients (n = 6) required intensive care unit admission. Median stay in hospital was 4 days (range 0 day to 21 days). Most significant complications were pneumonia and secondary infection. One patient died. Conclusion: In contrast to seasonal flu mostly younger patients needed hospitalization. Almost half of all patients had no other co-morbid conditions. In our cohort, one tenth needed ICU admission and they were less than 70-old. Pulmonary infiltrate on chest X-ray was not common.


Aims To examine interventions and timing of emergency team calls in hospitals with or without a medical emergency team (MET). Methods Interventions were recorded, categorized and classified as critical care interventions (e.g. airway intervention, ventilation and use of inotropic drugs)

ward level interventions (e.g. fluids, oxygen by mask) assessment, physical examination and investigations. Results Only 5 of the 2376 calls were free of critical care interventions. For non-cardiac arrest-related calls, MET hospitals had a lower proportion of airway, circulation and drug-related interventions and a higher proportion of ward level interventions. The majority of calls were between 0601 and 1200 h and cardiac arrest survival was greatest in the 1200–2400 h period. Overall median time at the scene was 25 min. Conclusions Nearly all emergency team calls required critical care type interventions. Emergency team calls show a unique temporal pattern for both MET and control hospitals. These findings have important organizational and resource-related implications for hospitals evaluating and establishing rapid response systems.


Purpose The Collagenase Option for the Reduction of Dupuytren's (CORD) II study investigated the efficacy and safety of injectable Xiaflex (collagenase clostridium histolyticum), in patients with Dupuytren's contracture. Methods This was a prospective, randomized, placebo-controlled trial with 90-day double-blind and 9-month open-label phases. We randomized patients with contractures affecting metacarpophalangeal (MCP) or proximal interphalangeal (PIP) joints 2 to 1 to collagenase (0.58 mg) or placebo. Cords received a maximum of 3 injections. Cord disruption was attempted the day after injection using a standardized finger extension procedure. Primary end point was reduction in
contracture to $0^\circ$ to $5^\circ$ of normal 30 days after the last injection. Results We enrolled 66 patients; 45 cords (20 MCP to 25 PIP joints) received collagenase and 21 cords (11 MCP to 10 PIP joints) received placebo in the double-blind phase. Statistically significantly more cords injected with collagenase than placebo met the primary end point (44.4% vs 48%; p < .001). The mean percentage decrease in degree of joint contracture from baseline to 30 days after last injection was 70.5% ± 29.2% in the collagenase group and 13.6% ± 26.1% in the placebo group (p < .001). The mean increase in range of motion was significantly greater in the collagenase ($35.4^\circ ± 17.8^\circ$) than in the placebo ($7.6^\circ ± 14.9^\circ$; p < .001) group. Efficacy after open-label treatment was similar to that after the double-blind phase: 50.7% of all joints achieved $0^\circ$ to $5^\circ$ of normal. More patients were satisfied with collagenase (p < .001). No joint had recurrence of contracture. One patient had a flexion pulley rupture and one patient underwent routine fasciectomy to address cord proliferation and sensory abnormality. No tendon ruptures or systemic allergic reactions were reported. Most adverse events were related to the injection or finger extension procedure. Conclusions Collagenase clostridium histolyticum is the first Food and Drug Administration-approved, nonsurgical treatment option for adult Dupuytren's contracture patients with a palpable cord that is highly effective and well tolerated. Type of study/level of evidence Therapeutic I. © 2010 American Society for Surgery of the Hand.


A case report of a 69 year old ex-forestry worker with an 80 pack year smoking history is presented. He was referred with two distinct periods of hemoptysis, one 7 months prior to referral for which he declined investigation or follow up, and another three weeks prior to referral. On each occasion, he described two tablespoons of hemoptysis daily lasting approximately 1 month. He lives on an acreage at Mt Kilcoy, 94 km north of Brisbane, with his wife, one goat, three dogs, one cat, 51 deer and wild birds. Emphysema manifesting as gradually worsening exertional dyspnoea with wheeze, had been diagnosed years ago by his local doctor. He described symptoms of obstructive sleep apnoea including witnessed apnoea, choking arousals and loud snoring. He also reported intermittent diarrhea for 2 years but denied weight loss or rectal blood or mucus. A CT chest showed multiple bilateral nodules of varying size the largest being 3.6 cm, and multiple low density liver lesions. The provisional diagnosis was metastatic colorectal cancer. Bronchoscopy with EBUS guidance did not yield the diagnosis which was eventually made by trans-thoracic needle aspiration without complication. Echinococcus serology performed post procedure was >1024, consistent with echinococcus infection. This case of echinococcus disease is presented and the vectors discussed. Echinococcus disease was previously prevalent in Australia and New Zealand, with a reduction in incidence from improved animal husbandry. With an increasing deer population in South East Queensland and subsequent rising human contact, clinical awareness is necessary to avoid potential complications from biopsy and ensure cases are promptly treated rather than mistakenly diagnosed as incurable disease.


The purpose of this study was to identify patient, intensive care and ward-based risk factors for early, unplanned readmission to the intensive care unit. A five-year retrospective case-control study at a tertiary referral teaching hospital of 205 cases readmitted within 72 hours of intensive care unit
discharge and 205 controls matched for admission diagnosis and severity of illness was conducted. The rate of unplanned readmissions was 3.1% and cases had significantly higher overall mortality than control patients (odds ratio [OR] 4.7, 95% confidence interval [CI] 2.1 to 10.7). New onset respiratory compromise and sepsis were the most common cause of readmission. Independent risk factors for readmission were chronic respiratory disease (OR 3.7, 95% CI 1.2 to 12, \( P = 0.029 \)), pre-existing anxiety/depression (OR 3.3, 95% CI 1.7 to 6.6, \( P = 1.3 \)), immobility (OR 2.3, 95% CI 1.4 to 3.6, \( P = 0.001 \)), nasogastric nutrition (OR 2.0, 95% CI 1.0 to 4.0, \( P = 0.041 \)), a white cell count > 15 x 10^9/l (OR 2.0, 95% CI 1.2 to 3.4, \( P = 0.012 \)) and non-weekend intensive care unit discharge (OR 1.9, 95% CI 1.1 to 3.5, \( P = 0.029 \)). Physiological derangement on the ward (OR 26, 95% CI 8.0 to 81, \( P < 0.001 \)) strongly predicted readmission, although only 20% of patients meeting medical emergency team criteria had a medical emergency team call made. Risk of readmission is associated with both patient and intensive care factors. Physiological derangement on the ward predicts intensive care unit readmission, however, clinical response to this appears suboptimal.


Many patients admitted to Rehabilitation Units are at risk of developing urinary tract infections (UTI) due to the effects of the acute event, and co-morbidities. We conducted a 6 month survey of all patients (\( n = 79 \)) admitted to the Redcliffe Hospital Rehabilitation Unit and found that approximately 1/3 of those patients had an undiagnosed UTI. UTI’s in this patient group can be difficult to diagnose due to cognitive and communication impairments that prevent the patient reporting symptoms, and the fact that elderly patients do not always display multiple or explicit symptoms of UTI. Therefore, it is necessary for nurses practicing in all settings, including rehabilitation, to be aware of the sometimes subtle indicators that their patient may have a UTI.


Introduction: When a patient is counselled pre-operatively about the risks associated with a cystectomy and ONR it vital that they are informed about the potential risk of future renal deterioration. In this study we aim to determine the effect of a radical cystectomy and ONR upon glomerular filtration rate (GFR), and to determine whether the GFR post radical cystectomy and ONR is influenced by age and other factors associated with renal deterioration. Patients and methods: The medical records of 70 suitable consecutive patients who underwent radical cystectomy and “Studer type” ONR between 1998-2006 were retrospectively reviewed. Their serum creatinine levels were recorded before and after radical cystectomy and ONR, along with their co morbidity data. From this their eGFR before and after ONR was calculated using the Modification of Diet in Renal Disease (MDRD) Study Group equation. Results: At a median follow-up of 60 months there was a 20% deterioration in eGFR. The median percentage deterioration in eGFR was greater in those aged \( \geq 70 \) than those aged \(< 70 \) years (25% vs. 22% deterioration respectively). Those with a greater number of risk factors for renal impairment had a greater percentage deterioration in eGFR at median follow-up. Conclusions: This study demonstrates that an ONR achieves comparable rates of renal deterioration when compared to those reported following an ileal conduit. It provides both the urological surgeon and the patient with an idea of potential future post-operative renal function and contributes to pre-operative patient counselling.


Background: The medical tourism market is a rapidly growing sector fueled by increasing health care costs, longer domestic waiting times, economic recession, and cheaper air travel. Objectives: The authors investigate public opinion on undergoing cosmetic surgery abroad and then explore the information patients are likely to encounter on the Internet when searching for such services. Methods: A poll of 197 members of the general public was conducted in the United Kingdom. An Internet search including the terms plastic surgery abroad was conducted, and the first 100 relevant sites were reviewed. Results: Of the 197 respondents, 47% had considered having some form of cosmetic surgery. Those with a greater number of risk factors for renal impairment had a greater percentage deterioration in eGFR at median follow-up. Conclusions: The authors found that the overwhelming majority of respondents considering plastic surgery would also consider seeking cosmetic surgical treatment abroad. The Internet sites that appear most prominently in an online search contained a distinct lack of information for potential patients, particularly with regard to complications and aftercare. There is,

Mitofusin 2, a large transmembrane GTPase located in the outer mitochondrial membrane, promotes membrane fusion and is involved in the maintenance of the morphology of axonal mitochondria. Mutations of the gene encoding mitofusin 2 (MFN2) have recently been identified as the cause of approximately one-third of dominantly inherited cases of the axonal degenerative forms of Charcot–Marie–Tooth disease (CMT type 2A) and of rarer variants. The latter include a severe, early-onset axonal neuropathy, which may occur in autosomal dominant or recessive forms, as well as some instances associated with pyramidal tract involvement (CMT type 5), with optic atrophy (CMT type 6), and, occasionally, with alterations of cerebral white matter. All individuals with a dominantly or recessively inherited or otherwise unexplained, chronic progressive axonal degenerative polyneuropathy should be tested for mutations of MFN2. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Introduction: Study was to verify the efficacy of laparoscopy combined with a clinical pathway as the standard of care in acute appendicitis. Methods: Prospective data was collected from 2000-2006 for patients presenting with symptoms suggestive of acute appendicitis. A diagnostic pentad was used consisting of central abdominal pain, migrating pain, nausea/anorexia/vomiting, Right Iliac fossa tenderness and Leukocytosis >13,000/microlitre. Absence of any of these was considered atypical and referred for imaging. First line imaging was an ultrasound scan. A tubular structure >6mm in diameter, compression tenderness, and/or peripendecial fluid were considered for laparoscopy. Negative ultrasound including non resolution were referred to a focused appendiceal CT scan, if positive, directed to laparoscopy. Image negative patients with atypical histories were observed for a period of 24hours and subjected to laparoscopy for non resolution of symptoms with discharge for others. All patients undergoing laparoscopy had their appendix removed irrespective of macroscopic appearance unless another obvious abnormality was detected to account for symptoms. Surgical procedure was three port laparoscopy (1x 10mm, 2x5mm), using monopolar cautery was employed. Stump was secured using a single loop of PDS (Ethicon), Presence of pus/purulent fluid mandated lavage and pelvic drain. No lavage was undertaken in others. Conversion to open was done if the procedure was unduly difficult. (Table Presented) Conclusions: Use of a combination of clinical pathway and laparoscopy facilitates earlier diagnosis with less reliance on imaging, promotes earlier intervention, leads to less complications, improves diagnostic accuracy and ensues a shorter hospital stay. It is also extremely cost effective and should be the standard of care.


Introduction:- Brain computed tomography (CT) is inconsistently recommended worldwide in the investigative algorithm of patients presenting with first episode psychosis (FEP). The objective of this study is to investigate the clinical efficacy of brain CT in patients presenting with FEP without neurological signs in a major metropolitan teaching hospital. Methods:- The CT brain scan reports of 237 consecutive patients, for which the imaging requests or reports provided a history of FEP but no focal neurological signs, were retrospectively identified within a 6-year period in a 750-bed tertiary referral teaching hospital using the radiology information system text-search function (170 male, 67 female; mean age, 28.3years). All reports were authored or approved by consultant radiologist. They were reviewed for the presence of any lesion that could cause psychosis and hence alter clinical management. Minor neuroradiological abnormalities were also noted. Hospital Ethics Committee registration and approval were obtained and patient informed consent was not required. Results:- No focal brain lesion potentially responsible for the psychosis or focal lesion requiring surgical intervention was identified in any patient. Findings unable to be directly linked to the psychosis such as evidence of small vessel ischaemic disease, arachnoid cysts, cerebral atrophy, and normal variants were present in 17.6% of patients (45 of 237 studies), none of which led to an alteration of clinical management. Conclusion:- The
results of this study postulate that brain CT should not be universally performed in the initial assessment of patients with first episode psychosis without neurological signs. © 2010 The Royal Australian and New Zealand College of Radiologists.


Lord Howe Island and the St Kilda archipelago have many similarities, yet their communities had totally disparate outcomes. The characteristics of the two islands are compared and contrasted, and it is hypothesised that the differences in health and diseases largely explain the success of one society and the failure of the other;


Many patients present to emergency departments with lower back pain, for which there are several differential diagnoses. One of these is meralgia paresthetica, an obscure and benign condition first described in the late 19th century. Nurse practitioners should familiarise themselves with the symptoms of meralgia paresthetica so that they can make differential diagnoses and offer the relevant management. This article describes the condition, its causes and some conservative management techniques;


Morton’s neuroma is a benign foot condition that occurs more often in women than men, and particularly in those who wear narrow, high-heeled shoes. This article presents a case study of the condition, discusses its symptoms and diagnosis, and provides information about the range of treatments on offer;


Rapid changes in the health sector and the consequent demand for Health Information Managers (HIMs) who have the required competencies to practice in the profession means that the Education Committee of the Health Information Management Association of Australia (HIMAA) and HIMAA more broadly have to be flexible and respond to this changing landscape. This issue is compounded by major changes currently occurring within the tertiary education sector, including restructuring of university courses, which has impacted on university staff and created huge upheaval for these staff, including those delivering programs in health information management. The challenge for both the HIMAA Education Committee and for HIMAA as a professional organisation is to tackle all of these issues on the many levels involved in order to ensure the continuing strength of the Australian health information management profession, both now and into the future.


Background Cardiac rehabilitation programs offer effective means to prevent recurrence of a cardiac event, but poor uptake of current programs have been reported globally. Home based models are considered as a feasible alternative to avoid various barriers related to care centre based programs. This paper sets out the study design for a clinical trial seeking to test the hypothesis that these programs can be better and more efficiently supported with novel Information and Communication Technologies (ICT).

Methods/Design We have integrated mobile phones and web services into a comprehensive home-based care model for outpatient cardiac rehabilitation. Mobile phones with a built-in accelerometer sensor are used to measure physical exercise and WellnessDiary software is used to collect information on patients’ physiological risk factors and other health information. Video and teleconferencing are used for mentoring sessions aiming at behavioural modifications through goal setting. The mentors use web-portal to facilitate personal goal setting and to assess the progress of each patient in the program. Educational multimedia content are stored or transferred via messaging systems to the patients phone to be viewed on demand. We have designed a randomised controlled trial to compare the health outcomes and cost efficiency of the proposed model with a traditional community based rehabilitation program. The main outcome measure is adherence to physical exercise guidelines. Discussion The study will provide evidence on using mobile phones and web services for mentoring and self management in a home-based care model targeting sustainable behavioural modifications in cardiac rehabilitation patients. Trial registration The trial has been registered in the Australian New Zealand Clinical Trials Registry (ANZCTR) with number ACTRN12609000251224.
Aim: To improve the care of adolescents with Type 1 Diabetes Methods (T1 DM), given the opportunity of a new community based health centre at North Lakes. Background: The increasing numbers of children with T1 DM due to population increases, has resulted in a paediatric clinic of around 100 children 1-20 years. Transitioning them to adult care has been difficult due to access block in adult clinics, and staff constraints. The benefit of improving care for the adolescents and young adults has been well documented (EDIC study). Methods: The new community based community health centre at North Lakes provided an opportunity for a combined adult/paediatric diabetes clinic with a multidisciplinary team available. With additional clinician time the existing paediatric clinic was divided with year 11 children and older moving to the new clinic. Focus groups enabled information to be gathered about issues relevant to those with T1 DM and the way in which the clinic set up might assist in improving their care. Results: Prospectively measured clinic attendance, access to the range of services, HB A1c measurements, patient satisfaction and comparisons to state standard care pathways identify improvements in care. Conclusions: Compared to what was previously offered, this service has altered the service delivery to adolescents and young people with T1 DM. While positive conclusions can be drawn from this initiative, challenges remain, including optimizing ongoing supervision in primary care, how to utilise electronic media as a tools to benefit, and clarify which means are of most benefit in what is a difficult condition to manage at a time of life when many changes are taking place.


Introduction: The unequivocal benefit from multiple risk factor intervention and use of various combination drug therapies in patients with cardiovascular disease and other disease equivalents has been promulgated by the American Heart Association and American College of Cardiology in their published guidelines. Furthermore, prospective roll-out of this strategy has been demonstrated to yield substantial improvement in morbidity and mortality outcomes in patients with atherothrombotic diseases. The use of aspirin, angiotensin converting enzyme inhibitors/angiotensin 2 receptor blockers, lipid-lowering therapy and beta blockers individually confer a relative risk benefit of around 25-30% and a cumulative benefit of 50-60%. However, survey of compliance with these guidelines to date has shown considerable scope for improvement. Our purpose in this study was to determine the prevalence of adherence to this therapy by eligible patients before and after presentation to hospital with symptomatic vascular events. Method: Retrospective review of 100 patients chart is carried out over a period of one year. They were randomly selected by an administrative officer in the Emergency Department of a secondary hospital. Criteria for selection included one or more of the categories of ischemic heart disease, type 2 diabetes or hypercholesterolemia or other vascular diseases. Therapy on admission was documented. Data is analysed from the last admission note including GP referral letter to see the number of patient with single or multiple atherothrombotic disease or with the risk factor to develop atherothrombotic disorder. The data is reviewed to calculate the number of patient on Aspirin, Angiotensin system blocker, Statins and Betablocker. We also documented the adverse reaction to any particular targeted therapy that was mentioned in the medical records. Result: Among 100 patients 52 were female and 48 were male with average age 71.72 (range 49 to 89). Analysis of atherothrombotic disease and other risk factors showed number of CAD were 71, CVD 22, PVD 3, Type2 DM 45, Hyperlipidemia 88, Hypertension 78. Of 100 patients 98 of them have two or more above mentioned risk factor. Among our 100 patients 66 patients were on aspirin, 7 were on assasantin, 83 on Angiotensin system blocker (ACE1+/ARB), 72 on statin, 48 on betablocker and 4 on clopidogrel alone without any documented allergy to aspirin. Adverse reaction is documented to aspirin in 7 patients, Statin in 4 patients, ACE1 in 2 patients, Upper GI bleed in 1 patient, betablocker in 2 patient due to asthma and 3 patients were on warfarin. We calculated patient with definite atherothrombotic diseases not receiving appropriate therapy. Among 71 patients with CAD, 14% (n 10) were not on aspirin, 29.56% (n 21) not on statin, 16.9% (n 12) not on Angiotensin blocking system, 42.2% (n 30) not on betablocker. For 22 patients with CVA, 18% (n 4) were not on aspirin. Among these 4, 2 patients were intolerant to aspirin and 2 were on warfarin. 45% (no 10) were not on statin, one patient on ezetrol. 18% (no 4) were not on Angiotensin system blocker. PVD was found in 3 patients, 1 on aspirin 1 on statin and 3 on Angiotensin blocking system. None of them were on beta blocking agents. Overall among 98 patients with 2 or more risk factor 14% (n14) were not on aspirin, 7 of them had documented allergy to aspirin. No statin in 23.4% (n 23) patients and no Angiotensin system blocker in 15% (no 15). Conclusion: A comprehensive integrated strategy to reduce cardiovascular risk and vascular events is essential. The Failure to apply the evidence in the patient population represents a huge lost opportunity to prevent cardiovascular disease and other vascular events. Increasing awareness among practicing physicians about secondary prevention measures for cardiovascular disease and other potential risk factors for atherothrombotic
disease will help them to adhere to current practice guideline and may help to significantly reduce the
burden of cardiovascular mortality and morbidity in the community.

2011

The not-for-profit Redcliffe Hospital Foundation is to be stripped of operational responsibilities although
it will still “act as the owners and landlords of the facility”, Ms [Nicola Roxon] said. “Last week we
discovered that the Sorell GP Super Clinic down in Tasmania had been canned and today the minister
announces a $3.2 million bailout for Redcliffe,” Dr [Andrew Southcott] said in a statement.


(2011). Redcliffe gp super clinic to support australians with chronic disease, Health and Aged Care News.

enteral nutrition study protocol (GLINT Study): a prospective, blinded, randomised, placebo-controlled clinical

BRISBANE, Sept 30 AAP - Queensland’s Crime and Misconduct Commission (CMC) won’t investigate
concerns regarding the Redcliffe Hospital Foundation’s management of a GP super-clinic project. The
CMC liaised with Queensland Health and the Queensland Audit Office (QAO), as well as reviewing the
auditor-general’s relevant report to state parliament about Redcliffe Hospital Foundation. “Additionally,
the QAO has not referred any allegations of official misconduct to the CMC,” Mr [Warren Strange] said in
a statement.

To authenticate to the full-text of this article, please visit this link: http://dx.doi.org/10.1111/j.1742-
6723.2011.01418.x Keywords: analgesia emergency department principal sedative procedural sedation
procedure type Abstract: Abstract Objective: The aim of the present study was to describe procedural sedation
practices undertaken in a spectrum of Australian EDs. Methods: Eleven Australian EDs enrolled
consecutive adult and paediatric patients between January 2006 and December 2008. Patients were
included if a sedative drug was administered for an ED procedure. Data collection was prospective and
used a specifically designed data collection document. Results: 2623 patients were enrolled. 1581 were
male (60.3%, 95% CI 58.4-62.2) and the mean patient age was 39.2 (SD 25.2) years. Reductions of
fracture/dislocated shoulders (694 cases, 26.7%), wrist/forearm fractures (403, 15.5%) and tibia/fibula
fractures (341, 13.1%) were the most common procedures. Procedures were supervised by consultants
and registrars in 1424 (54.3%) and 1025 (39.1%) cases, respectively. Of 2413 patients with complete
fasting status data, 1252 (51.9%, 95% CI 49.9-53.9) patients had consumed food or fluid in the previous 6
h. 1399 (53.3%, 95% CI 51.4-55.3) patients received pre-procedural medication. Pre-procedural morphine
(894, 34.1%) exceeded fentanyl use (323, 12.3%), both as a sole agent and in combination with another
agent. The principal sedatives used alone were propofol (857, 34.1%), midazolam (224, 10%) and
ketamine (165, 7.4%). Ketamine and nitrous oxide were most commonly used in children with propofol,
midazolam and opiates largely restricted to adults (P < 0.001). The intra-procedural use of adjunct
fentanyl exceeded that of morphine (ratio 4:1). Conclusions: Procedural sedation practice across
Australian EDs is varies considerably. Procedural sedation ‘best practice’ guidelines, based upon the
findings of the present study and the available evidence, are recommended. Author Affiliation: (1)Queen
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The practical and ethical issues in determining authorship in multicenter trials raise significant and unique challenges. This systematic review examines methods of assigning authorship in multicenter clinical trials. A literature search (October 2009) was conducted to identify articles with the terms 'authorship' and 'clinical trial,' 'multicenter' or 'multicentre.' Abstracts were reviewed for potential relevance and the complete manuscript was obtained where indicated. Additional articles were identified by a review of the reference list from sourced articles. Methods for determining authorship were reviewed in terms of practicality, fairness and the time course for decision-making. Eight methods for determining authorship were identified: four used a scoring system, two articles contained guidelines with reference to scoring systems and two articles outlined general guidelines. All methods attempted to provide a fair and practical approach and appeared to achieve this to varying degrees. No one method was applicable across all multicenter trials. The authors propose a guide for determining authorship based on the methods identified and the number of collaborators and anticipated publications. For smaller collaborative groups (e.g. <10 persons), byline inclusion of all authors based on relative contributions is recommended. For larger collaborations (e.g. ≥ 10 persons), authorship guidelines should be explicit from the outset of the trial with consideration of relevant scoring systems.


This multi-centre point prevalence study reports on antimicrobial dosing patterns, including dose, mode of administration and type of infection, in 37 Australian and New Zealand intensive care units. Of 422 patients admitted to an intensive care unit on 8 May 2007, 195 patients (46%) received antimicrobial treatment, 123 patients (29%) received no antimicrobials and 104 patients (25%) received prophylactic antimicrobials only. Dosing data were available for 331 antimicrobials used to treat 225 infections in 193 patients. Respiratory (40%), abdominal (13%) and blood stream (12%) infections were most common. For adult patients, ticarcillin/clavulanate (23% or 40/177), meropenem (20% or 35/177) and vancomycin (18% or 32/177) were the most frequently used antibiotics. Vancomycin was most commonly used in children (31% or 5/16). The majority of antimicrobials were administered as bolus doses or infusions of less than two hours (98% or 317/323) only six patients received extended or continuous infusions. The mode of administration was unknown in eight cases (4.1%). The total defined daily dose for adult patients receiving antimicrobial therapy was 2051 defined daily doses per 1000 patient days. Our results confirm that the use of continuous infusions remains rare, despite increased interest in continuous infusions for time-dependent antibiotics. Key Words: antibiotic, antifungal, antiviral, dosing patterns, intensive care, prophylaxis, administration, continuous infusions.


Aims: To reappraise the complications of biological agents (Anti-TNF’s, Actimra) which could potentially lead to discontinuation of therapy in a regional hospital. Method: Medical records of all patients, who had been treated with one of the biological agents (Infliximab, Etanercept, Adalimumab, Abatacept, golimumab and tocilizumab) in the rheumatology clinic of Caboolture Hospital between 2004 and 2010, were reviewed retrospectively. All of these patients had a confirmed diagnosis of either rheumatoid arthritis, inflammatory arthritis or ankylosing spondylitis (DAS 28 ≥ 3.2) and at least stage II bilateral sacroilitis for AS who had active disease despite dual DMARD for at least 6 months. Results: Thirty eight patients (56% female, 44% male) were included. The average age of patients was 48 ± 14 yrs old. Infliximab, etanercept, abatacept, golimumab, adalimumab and tocilizumab were the biological agents used in the treatment of the patients. Pulmonary infection was seen in two patients. Atypical mycobacterium skin abscess also was other related complication despite negative quantiferon gold before commencement of anti TNF medication. Deterioration or development of congestive heart failure evidenced by Echocardiogram, recurrent Staph A furunculous were other major complications. Of interest, no cases of skin cancer was observed. Conclusion: Biological agents are increasingly employed to manage rheumatological diseases. Better screening tools for latent tuberculosis and atypical mycobacterium is of paramount importance. This mandates development of clearly defined screening and/or preventive strategies in potential candidates for treatment with these agents. As the new generation of biological agents are entering the market, clinicians should be vigilant to prevent the potential infectious sequelae.
Small bowel obstruction caused by adhesions secondary to pelvic inflammatory disease is uncommon and should be considered in any sexually active female patient with a virginal abdomen. Plain radiographs and a CT scan, where available, can be helpful in making the diagnosis. The combined screening procedure would require minimal additional resources in health care systems with already established cervical cancer screening programs.


Purpose: The aim of this study was to determine if there was a relationship between fruit and vegetable (FV) consumption and blood pressure (BP) outcomes as continuous variables as well as the mean quantum of daily FV consumption required to achieve BP targets. Methods: This post-hoc analysis of the EUROACTION cluster randomised controlled intervention trial concerned patients with coronary heart disease (CHD) (n=942) enrolled in the intervention arm. The trial involved a multidisciplinary cardiovascular disease prevention programme in 6 European countries, addressing lifestyle and medical risk factor management. These patients were assessed after 12 months as to daily FV consumption (g per day) and BP outcomes. The desirable BP target to be achieved was 140/90 mm Hg (or 130/85 in people with diabetes) and FV target >400 g per day. An analysis was also performed with reference to the individual study centre. Results: A negative linear relationship was obtained for daily FV consumption and diastolic (r = -0.0797, p=0.0145) and systolic (r = -0.0582, p=0.074) blood pressures. Mean daily FV consumption in those achieving BP target was 583 g per day, compared to 536 g per day in those not achieving BP target (mean difference -47 g per day, CI -83,-12, p=0.009). In patients with uncontrolled systolic BP (>140), mean daily FV intake was 541 g per day, compared to 577 g per day in those with systolic BP <140 (mean difference 36 g per day, CI -2.73, p=0.064). Similarly for uncontrolled diastolic BP (>90), mean daily FV intake was 485 g per day, compared to 576 g per day with controlled diastolic BP (mean difference 91 g per day, CI 35,148, p=0.002). Furthermore, countries demonstrating higher FV target achievement also generally had higher prevalence of BP target achievement (p<0.001).

Conclusions: FV intake appears to favourably improve BP outcomes in a linear fashion. BP target achievement in this patient group is associated with a mean FV intake of around 580 g per day.


Background: Practice audits comprise a vital component of continuing professional development. Aims/Objectives: Given that most audits are performed in a retrospective manner, we propose trialing a prospective option to fulfill objectives of clinician performance and learning, enhanced training opportunity and safety and quality of patient care. Methods: In contrast to a retrospective audit, such as morbidity and mortality monitoring, where untoward events have already occurred, a prospective audit will be undertaken where individual clinicians, in monthly rotation, will be assessed proactively. Accuracy of clinical examination, adherence to specific protocols and achievement of clinical indicators will be assessed. Clinical reasoning will also be appraised. It is envisaged that one or two inpatients of a particular Physician will be evaluated in depth and the various issues discussed either at the bedside (e.g. clinical signs) or in a small group learning environment (e.g. clinical problem-solving, evidence-based medicine application). For a particular Physician, this process would occur twice a year for an expected 3 year period initially. Documentation of significant issues will be collated. Findings: It is anticipated that three major outcomes will be explored by this initiative. (1) Physician performance appraisal, occurring in a supportive, accountable environment (2) Enhanced teaching exercise for trainees and students, illustrating clinical reasoning and judgment, ensuring confidentiality, and (3) Positive influence on clinical outcomes, enhancing safety and quality. It is expected that this proposal will complement retrospective audits which have the potential to assess institutional and unit processes as well. Similar strategy could be adapted and applied to trainees. Conclusions: This pilot study, when completed, will shed light on the contribution of a prospective audit of clinical care to improving clinician performance appraisal, providing the environment for such is supportive and non-judgmental.


Ecosystems


A model of the mosquito–mangrove basin ecosystem is presented detailing the habitat of the saltwater mosquito Aedes vigilax utilizing mangrove basin forests in Australia. The modeling included a synthesis of empirical observations and published descriptions including the insect’s relevant life-stages, mangrove basin topography and hydrodynamics. Shallow mangrove basins periodically connected by only the highest 10% of high tides with a hummocky substrate micro-topography characterize the main mangrove form conducive to Ae. vigilax breeding. Other essential features include the synchronization of the mosquito’s lifecycle to basin hydrodynamics and thus an intricate relationship between hydrodynamics and basin structure. Very small decreases in basin water level (~1 cm/day) lead to significant decreases in extent of standing water (for example, 60% over 6 days) across the basin. This

Applications


We present the cases of two infants with complications following accidental button battery ingestion with delayed presentations to medical care. Both cases had button batteries recognized as oesophageal foreign bodies and removed appropriately but the time delay resulted in significant morbidity as they developed spinal erosion and tracheo-oesophageal fistula, respectively. Close follow up is required of all children with delayed removal of button batteries as the injury initiated by the battery can lead to a chronic inflammation with significant injury to the surrounding structures. © 2011 The Authors. EMA © 2011 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.
results in corresponding increases in the extent of exposed substrate. Also, the modeling demonstrated sensitivity of the mosquito–mangrove basin ecosystem to sea level changes. A hydrologic model of the basin was used to predict mosquito breeding episodes which were tested against a mosquito management larviciding program. The model predicted 75% of all 29 larviciding treatments undertaken. Comparing the model against the two triggers used by mosquito control, tides and rainfall, the model predicted 92% of tidally instigated treatments and 60% of rainfall instigated treatments. Application of the model enables consideration of environment-based minimal habitat modification for mosquito control in mangroves, not previously possible. The model will be applicable to similar species, such as Ae. taeniorhynchus, found in Florida’s (USA) mangroves.


Hospitalised patients commonly experience adverse drug events (ADEs) and medication errors. Runciman reported that ADEs in hospitals account for 20% of reported adverse events and contribute to 27% of deaths where death followed an adverse event. Hughes recommends multidisciplinary hospital drug committees to assess performance and raise standards. The new Code of Conduct of the Medical Board of Australia recommends participation in systems for surveillance and monitoring of adverse events, and to improve patient safety. We describe the functions and role of a Drug Safety Working Group (DSWG) in a suburban hospital, which aims to audit and promote a culture of prescribing and medication administration that is prudent and cautious to minimise the risk of harm to patients. We believe that regular prescription monitoring and feedback to Resident Medical Officers (RMOs) improves medication management in our hospital;


Femoral hernias are not common in the adult population however they are often associated with higher rates of incarceration compared to other hernia subtypes. Subsequently they have an increased need for emergency surgical intervention. It has been well documented in the literature that femoral hernia sacs can contain an array of anatomical structures and rarely this includes fallopian tube. Within the limits of the authors' literature review, this case represents the only documented pre-operative diagnosis of femoral hernia containing fallopian tube;


Stercoral perforation of the rectum is an uncommon complication of chronic constipation and is therefore often not considered as a differential in patients presenting to primary health-care facilities. Unfortunately, until awareness of this rare but potentially life-threatening disorder is raised patients will continue to be misdiagnosed and potentially suffer from poorer outcomes. We review the literature and discuss a case of rectal perforation and its management; © 2011 The Authors. EMA © 2011 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.


This prospective observational study evaluates the relationship between adrenaline, lactate and intensive care unit survival in septic shock. Forty patients requiring adrenaline therapy for a first episode of septic shock acquired > 24 hours after admission to the intensive care unit had blood lactate levels measured two-hourly over a 24-hour period. Adrenaline therapy was escalated until target mean arterial pressure was reached. The lactate index was calculated as the ratio of maximum lactate increase to the adrenaline increase. Lactate increase from 2.3 to 2.9 mmol x l(-1) (P = 0.024) and the mean adrenaline increase was 0.14 microg x kg(-1) x min(-1). Peak lactate correlated with peak adrenaline (rho = 0.34, P = 0.032). Lactate index was the only independent predictor of survival after controlling for age and Acute Physiological and Chronic Health Evaluation II score (odds ratio 1.14, 95% confidence interval 1.03 to 1.26, P = 0.009). A high lactate following adrenaline administration may be a beneficial and appropriate response.


Aim: To assess the quality of information available to pregnant women regarding Down Syndrome screening (DSS) in the Metro North Health District, Queensland, prior to and after introducing the “Screening for Down Syndrome” information brochure. Method: A survey was designed to collect data on the information women were receiving regarding DSS, and whether the women obtained DSS, and why they did not undergo DSS. The survey was completed at three Metro North public hospitals, Royal Brisbane and Women’s, Caboolture and Redcliffe Hospital. Results: 147 pregnant women were surveyed. Sixty-four percent had undergone first trimester screening and a further 22% had undergone triple test in the current or previous pregnancy. Seventy-four percent received DSS information from GPs or their hospital, of which 58% found the information very helpful. Fifty-three percent of women elected to undergo DSS. Of those who did not undergo testing, only 37% were not interested, the remaining did not access testing because of cost (27%), inability to access DSS services (22%) or other reasons. Survey results following the introduction of the Screening for Down Syndrome Survey Information Brochure are currently being collated. Discussion: Only fifty percent of women undertook DSS - interestingly cost and lack of access played a significant role in this decision. Only 60% of women found that the information provided to them was helpful in their decision making. Success of the Screening for Down Syndrome Information brochure will be presented at the meeting.


Primary rectal melanoma is rare and only represents up to 4% of anorectal malignancies. The prognosis of such a diagnosis is significantly different to a metastatic melanoma deposit in the anorectal area and therefore differentiation between the two is of the utmost importance with regards to initial treatment and long-term management. Various immunohistochemical markers have been shown to be associated with primary melanoma and strongly aid in diagnosis. Surgical management is still widely disputed and multiple papers have been published comparing wide local excision with abdominoperineal resection. Here a case of primary rectal melanoma is presented with a brief discussion exploring diagnostic techniques, treatment options and prognostic factors; © JSCR.


Primary rectal melanoma is rare and only represents up to 4% of anorectal malignancies. The prognosis of such a diagnosis is significantly different to a metastatic melanoma deposit in the anorectal area and therefore differentiation between the two is of the utmost importance with regards to initial treatment and long-term management. Various immunohistochemical markers have been shown to be associated with primary melanoma and strongly aid in diagnosis. Surgical management is still widely disputed and multiple papers have been published comparing wide local excision with abdominoperineal resection. Here a case of primary rectal melanoma is presented with a brief discussion exploring diagnostic techniques, treatment options and prognostic factors.


We present the case of an 80-year old man with a Stanford Type A dissecting thoracic aortic aneurysm plus the unusual CT finding of extramural haemorrhage along the pulmonary vessels. The clinical and radiological picture has an extremely high mortality;


Background: The antiplatelet drugs, aspirin and clopidogrel, are widely prescribed for cardiovascular and neurovascular diseases. It is recommended that these drugs should be ceased 5 days prior to elective surgery. If patients on these drugs require emergency non-cardiac surgery, the peri-operative risk of haemorrhage and thrombosis causes management dilemmas. Current guidelines are limited to the management of patients with coronary stents who are on antiplatelet drugs and require elective surgery. There is no universal evidence-based consensus, for the indications, method, timing or endpoints of treatment to reverse the antiplatelet action of clopidogrel in patients requiring emergency non-cardiac surgery. Aim: To report two cases where emergency abdominal surgery was required in patients on concomitant clopidogrel and aspirin. Clinical details and outcome: Two patients who were on concomitant aspirin and clopidogrel required urgent abdominal surgery. The two cases were managed differently. In the first case, no pre-operative platelets or fresh frozen plasma were administered and surgery was complicated by major bleeding. The second patient received pre-operative platelet transfusion and encountered no significant bleeding or thrombotic complications. Conclusion: There is

Caboolture Hospital services a community of 130,000; however, in 2009, respiratory specialist care was limited to 4 hours thoracic physician clinic and 8 respiratory scientist hours per week. 2009 saw 381 and 112 COPD and adult asthma admissions, respectively, and only 4% and 11% had physician follow-up arranged. A service model incorporating a respiratory NP was implemented to increase patient access to evidence-based respiratory care and improve health outcomes for patients with chronic respiratory (predominantly airways) disease. Aim Describe the model and the initial impact of the respiratory NP service at Caboolture Hospital. Methods Analysis of clinical activity and outcome data from existing information systems (inpatients, emergency and clinics) and the Respiratory NP database. All patients seen by the respiratory NP were surveyed regarding their satisfaction with and benefits of the service. All disciplines on the medical wards were surveyed on the NP role's impact on patient outcomes and care practices. Results April to October 2010, the respiratory NP saw 154 patients on 265 occasions (27% clinics and 68% inpatients). Mean (SD) age 66 (19) years, 62% female, 70% COPD (mean pred. FEV1 43%) and 22% asthma (mean pred. FEV1 68%). Seventy percent of asthma and COPD patients received written action plans compared to <1% historically. Seventy-one percent and 76% of inpatients and outpatients had spirometry compared to <5% historically. Seventy-six percent of referred patients had self-management skills that were mostly ineffective. Patients' overall satisfaction with the service was very high (3.7 mean score out of 4): 'used words I understood' (3.8), 'understood my problem' (3.8), 'helped me find solutions' (3.6) and 'I have a better understanding how to manage' (3.6). (33% returns). Seventy-eight percent and 87% of staff surveyed (48% return rate) felt the respiratory NP had influenced their clinical practice and made a difference to patient outcomes, while 92% rated clinical communication from the NP as effective or very effective. Conclusions NP has influenced clinical practice to be more consistent with evidence-based guidelines with high patient and staff satisfaction.


Egill Skallagrímsson, a tenth-century Viking, was a colourful warrior poet and an early anti-hero. The thickness and strength of his skull and his very ugly facial features with a prominent mandible have suggested to some authorities that Egill suffered from Paget's disease of bone. However, Paget's bone, while thickened, lacks structural integrity, infrequently involves the mandible and is prone to fractures. The more recent discoveries of sclerosing bone diseases, the elucidation of their pathophysiological abnormalities in intracellular signalling in bones and current research on the sclerostin or LRPS genes suggest Van Buchem disease as a more probable diagnosis, although the hypothesis remains conjecture in the absence of any of his remains.


Robert Garrett emigrated from Scotland to Van Diemen's Land (now Tasmania) in 1822. Within a few months of arrival he was posted to the barbaric penal colony in Macquarie Harbour, known as Sarah Island. His descent into alcoholism, medical misadventure and premature death were related to his largely unsupported professional environment and were, in many respects, typical of those subjected to this experience.


To authenticate to the full-text of this article, please visit this link: [http://dx.doi.org/10.1111/j.1742-6723.2011.01419.x](http://dx.doi.org/10.1111/j.1742-6723.2011.01419.x) Keywords: adverse event emergency department procedural sedation Abstract: Abstract Objective: To determine the nature, incidence and risk factors for sedation-related events during ED procedural sedation, with particular focus on the drugs administered. Methods: Eleven Australian EDs enrolled consecutive adult and paediatric patients between January 2006 and December 2008. Patients were included if a sedative drug was administered for an ED procedure. Data collection was prospective and employed a specifically designed form. Multivariate logistic regression was employed to determine risk factors for sedation-related events. Results: Two thousand, six hundred and twenty-three patients were enrolled (60.3% male, mean age 39.2 years). Reductions of fracture/dislocations of shoulders, wrists and ankles were most common. Four hundred and sixty-one (17.6%) cases experienced at least one airway event that required intervention. Airway obstruction, hypoventilation and desaturation occurred in 12.7%, 6.4% and 3.7% of all patients, respectively. Two
thousand, one hundred and forty-six cases had complete datasets for further analyses. Increasing age and level of sedation, pre-medication with fentanyl, and sedation with propofol, midazolam or fentanyl were risk factors for an airway event (P < 0.05). Ketamine was a protective factor. Hypotension (systolic pressure <80 mmHg) occurred in 34 (1.6%) cases with midazolam being a significant risk factor (P < 0.001). Vomiting also occurred in 34 (1.6%) cases, 12 of whom required an intervention. One patient aspirated. Vomiting occurred after administration of all drugs but was not associated with fasting status. Other events were rare. Conclusions: Sedation-related events, especially airway events, are common but very rarely have an adverse outcome. Elderly patients, deeply sedated with short-acting agents, are at particular risk. The results will help tailor sedation to individual patients. Author Affiliation: (1) Austin Hospital, Melbourne (2) Department of Medicine, University of Melbourne, Melbourne (3) Royal Melbourne Hospital, Melbourne (4) St Vincent’s Hospital, Melbourne (5) Sunshine Hospital, Melbourne (6) Mercy Hospital (Werribee), Werribee, Victoria (7) Queen Elizabeth II Jubilee Hospital, Brisbane (8) Redcliffe Hospital, Redcliffe, Queensland (9) Liverpool Hospital, Sydney (10) South West Clinical School, University of NSW, Sydney (11) Royal North Shore Hospital, Sydney, New South Wales (12) Royal Adelaide Hospital, Adelaide, South Australia (13) Sir Charles Gairdner Hospital, Perth, Western Australia, Australia Article History: Accepted 17 March 2011 Article note: A/Prof David McD Taylor, Emergency Department, Austin Health, Stedley Road, Heidelberg, Vic. 3084, Australia. Email: david.taylor@austin.org.au

Thaker, D., et al. (2011). "A pseudo case of atypical pseudo-Meigs syndrome." Indian Journal of Cancer 48(3): 364-366. A draft case report was composed by the excited authors, but diagnostic hubris followed with the recurrence of an even larger right pleural effusion, 2 months after surgery, thus excluding Meigs syndrome according to Meigs original definition. The pleural effusion is thought to be caused by migration of fluid and protein perhaps by lymphatic channels across the diaphragm, but the mechanism of pleural effusion development is even more obscure in the absence of ascites.

Thompson, T. (2011). Roxon in bid to save clinic - Health troubleshooter sent for 11th-hour talks. Brisbane, Qld.: 11. David Butt, a deputy secretary from the Department of Health and Ageing, will meet today with the Redcliffe Hospital Foundation, the builders, Medicare Local and Queensland Health in an 11th-hour bid to stop legal action over the vacant five-storey building.

Thompson, T. (2011). Superclinic bailout cash 'pinched' from NT. Brisbane, Qld.: 5. The state-created Redcliffe Hospital Foundation faced legal action when Queensland Health Minister Geoff Wilson refused to endorse a Queensland Treasury Corp loan to complete the project.

Woolfield, N. F. and J. E. Tasker (2011). "Care plans: Part of improving ability to self care." Pediatric Diabetes 12: 69. Objective: To utilize and evaluate diabetes care plans as part of the diabetes service aiming to improve adherence and improve self care skills for children and adolescents with type 1 diabetes in a clinic situation with 150-160 children less than 19 years with type 1 diabetes. Methods: From 2006, diabetes care plans have been a part of the service delivered to each child/parent at consultations so that at the end of the clinic, the patient has gone with a specific update on their current insulin regimen, guidelines as to how to manage common acute problems and contact number for in hours and after hours advice. Written and in many cases electronic copies are given to patients for all other involved in their care including schools where appropriate. Copies of the care plans are available electronically to all paediatric medical staff, emergency physicians online, and hard copies are kept in the paediatric ward to enable quick access should issues arise. Evaluation of the care plans took place late 2009 with changes made to improve user friendliness and avoid any issues of confusion. Feedback has lead to a change in format and further development occurred in 2011 with funding provided to allow for better user friendliness for physicians and others accessing the care plans on line. Outcomes: While this is only one component of the service delivered, in 2010, a drop of 0.5% in HbA1c was noted in those under 13 years, and 0.7% drop in the 13 and over group of the 160 patients in the clinics. Feedback from users have reinforced the value of this tool as a means of assisting patients (parents) to self manage with increased efficacy. Fewer calls during working hours and after hours have been noted but not documented.


PATIENTS AND METHODSEnrolled in the study were 184 patients, and all received initial infusions of Z (so any first infusion reactions did not confound preferences for P). For their second and third infusions, patients were randomized to receive Z then P or P then Z, and questioned on their preferences. For up to 1 year they continued on Z infusions every 3-4 weeks, while their renal safety was monitored. Where
practical, later infusions were given at home (rather than in the clinic) and patients questioned on their preferred infusion location. In a convenience subset of 43 patients, clinic use for Z and P infusions was also measured by timing infusions and other procedures. MAIN RESULTSOF 144 patients who received a third infusion, 138 responded to questions on bisphosphonate preference, and of these 138, 92% (127) preferred Z to P, because shorter infusions caused less disruption to their day. Only 12% of eligible patients (16/138) received home infusions, but 13/14 questioned preferred this location. Among 184 patients, 19 episodes of renal impairment were noted, mostly owing to disease progression (e.g. obstructive uropathy), with none linked to Z therapy. The mean clinic time taken to receive Z and any concomitant therapy was about half that for P (78 vs 161 min). CONCLUSIONS Cancer patients prefer shorter bisphosphonate infusions-and at home, where practical. Regular Z 4 mg infusions appear to be safe in these patients, with routine monitoring of serum creatinine. Using Z rather than P could save busy cancer centres time and improve patient satisfaction. GOALS OF WORK We set out to address the preference of patients with common cancers involving bone receiving intravenous bisphosphonate therapy for either pamidronate (P) or zoledronic acid (Z) and their preference for the location of the infusion (clinic or home). We also aimed to monitor these patients’ renal safety, and to compare their time in clinic to receive P and Z infusions.


Background Uncertainty exists about benefits and harms of a planned vaginal birth after caesarean (VBAC) compared with elective repeat caesarean (ERC). We conducted a prospective restricted cohort study consisting of a patient preference cohort study, and a small nested randomised trial to compare benefits and risks of a planned ERC with planned VBAC. Methods and findings 2,345 women with one prior caesarean, eligible for VBAC at term, were recruited from 14 Australian maternity hospitals. Women were assigned by patient preference (n = 2,323) or randomisation (n = 22) to planned VBAC (1,225 patient preference, 12 randomised) or planned ERC (1,098 patient preference, ten randomised). The primary outcome was risk of fetal death or death of liveborn infant before discharge or serious infant outcome. Data were analysed for the 2,345 women (100%) and infants enrolled. The risk of fetal death or liveborn infant death prior to discharge or serious infant outcome was significantly lower for infants born in the planned ERC group compared with infants in the planned VBAC group (0.9% versus 2.4% relative risk [RR] 0.39

95% CI 0.19–0.80

number needed to treat to benefit 66

95% CI 40–200). Fewer women in the planned ERC group compared with women in the planned VBAC had a major haemorrhage (blood loss ≥1,500 ml and/or blood transfusion), (0.8% [9/1,108] versus 2.3% [29/1,237]

RR 0.37

95% CI 0.17–0.80). Conclusions Among women with one prior caesarean, planned ERC compared with planned VBAC was associated with a lower risk of fetal and infant death or serious infant outcome. The risk of major maternal haemorrhage was reduced with no increase in maternal or perinatal complications to time of hospital discharge. Women, clinicians, and policy makers can use this information to develop health advice and make decisions about care for women who have had a previous caesarean. Trial registration Current Controlled Trials ISRCTN53974531 Please see later in the article for the Editors’ Summary


Background: The RBWH NICU completes more than 320 neonatal retrievals per year (round trip range 11-1505 km, mean duration of 237 min). Decisions are made and advice offered based on telephone communication, without visualising the sick infant or diagnostic images such as x-rays, and may be sub-optimal. Methods: A clinically driven iterative design and development of a neonatal telemedicine system was undertaken. Individual clinicians were trained at both peripheral and tertiary nurseries. A method comparison study formally examined agreement between telemedicine and in-person assessments of infants, X-rays and medical equipment. A multicentre trial of telemedicine consultation between RBWH and four peripheral nurseries in Hervey Bay, Caboolture, Redcliffe and Nambour was completed. Independent expert assessment of video recordings was conducted to identify evidence of new clinical information, avoided retrieval and management changes. An economic analysis of costs (equipment, line access, staff) versus savings (casemix and transport/staff from avoided retrievals) was completed. Results: In the method comparison study 26 key clinical tasks were assessed. There was high agreement between key clinical observations and those obtained via telemedicine. Independent video review found that in 90% of cases, telemedicine provided new clinical information that was not available by telephone and in 14% of cases a new management was instituted introduction, Economic analysis
Intrapancreatic accessory spleens are common asymptomatic masses that generally cause no problems. Usually, they are incidentally found on imaging as a pancreatic mass and they pose a diagnostic and management dilemma due to equivocal imaging findings. Evolving imaging modalities and increasing use of endoscopic ultrasound with fine needle aspirate may result in the avoidance of unnecessary operations and surveillance. We report a case of distal pancreatectomy and splenectomy for a pancreatic tail solid lesion.


Objectives: This retrospective, observational cohort study investigated whether the clinical features of a patient's pain including organ system and likely treating speciality impact on the delivery of analgesia within 30 minutes in Australian Emergency Departments. Methods: Data on patients presenting with painful conditions was obtained from 24 centres across Australia between April 2008 and March 2009, as a part of the National Health and Medical Research Council's National Pain Management Initiative. The principal outcome was delivery of analgesia within 30 minutes or less. Factors that might explain any differences were analysed, including organ system affected, anatomical location of the pain, likely treating speciality, age, gender, day and time of presentation, hospital location, documented pain score and triage category. Analysis was by the chi-square test for independence of proportions and multiple logistic regression. A p value <0.05 was considered statistically significant. Results: There were 4598 patients, of whom 2,578 were male. The median age was 36 years (range 0-103). Patients with burns and orthopaedic conditions were much more likely to receive analgesia within 30 minutes. Patients with a diagnosis involving the neurological system and general medical patients were much less likely to receive timely analgesia. Conclusions: Patients presenting with burns and orthopaedic conditions are more likely to receive analgesia within 30 minutes in Australian Emergency Departments. Clinicians should be aware of possible trends in the delivery of timely analgesia to patients with pain.


Purpose: To evaluate CT Heads performed on patients presenting to DEM with Syncope and their outcomes. Methods and materials: Retrospective study of 611 consecutive DEM presentations with Syncope and no focal neurological deficits between 01.01.2011 and 31.12.2011 was done. The outcomes of the CT scans and their impact on patient clinical management were assessed. Results: Out of 611 patients, 192 patients had a CT Head of which 188 (98%) CT examinations were normal. 4 CTs demonstrated evidence of ischaemic stroke. No patient had intracranial bleed. Out of the 4 cases of ischaemic stroke, no intervention was required and all the patients had uneventful medical admissions.
with full recovery post rehabilitation. Most common diagnosis was vasovagal episodes. The other diagnoses included cardiac ischaemia and arrhythmia, anxiety, anaemia and GI haemorrhage. Conclusion: CT head is probably being oversed in patients presenting to DEM with syncope and no focal neurological deficits since most of these patients have no intracranial pathology attributable to syncope.


Objective To probe the effect of fruit and vegetable (FV) consumption on the amount of blood pressure lowering (BPL) medication required in order to improve blood pressure (BP) outcomes. Design and Methods A post-hoc analysis of the 12 month cluster randomised controlled intervention EUROACTION trial performed in 6 European countries was undertaken in 942 patients with coronary heart disease. The amount and type of BPL therapy used to achieve BP targets (< 140/90 or < 130/85 for people with diabetes) and the influence of simultaneously achieving fruit and vegetable (FV) target consumption was assessed. Results For patients at BP target, who were more likely achieving FV target (67% vs. 60%, p = 0.12), the better BP control in the AMI and stable angina (SA) patients at BP target on > = 2 BPL drugs (60% vs. 53%, p = 0.12), the better BP control in the AMI patients was associated with higher achievement of FV target (75% vs. 63%, p < 0.001). Higher usage of > = 2 BPL drugs in patients at BP target was seen in Poland (58%) and United Kingdom (72%, p < 0.001) where FV target achievement was lowest (58 and 37%, respectively p < 0.001). Conversely, lower use of > = 2 BPL drugs (38%) by patients at BP target in Spain was associated with higher achievement of FV


Background: Because of the risk of development of post-thrombotic syndrome in cases of proximal DVT, management must include safe and prompt achievement of vein patency and prevention of recurrence. Aims/objectives: The aim is to present a modulated management approach, minimising haemorrhage and embolisation, using an illustrative case. Methods: A 41-year-old woman presented with extensive thrombosis of left common femoral and common iliac veins, pulmonary embolism and impending phlegmasia caerulea dolens, following recent surgery (incisional hernia repair and apronectomy). She was not taking hormonal therapy. Laboratory tests did not reveal a procoagulant cause. However, a tight stricture was identified at the superior end of her left common iliac vein (May-Thurner syndrome) during interventional venography. Owing to recent surgery, catheter-directed thrombolysis using urokinase or r-TPA was not possible because of bleeding risk. Other techniques such as surgical thrombectomy or mechanical lysis were not available. Findings: To achieve vein patency, she was initially anticoagulated with Enoxaparin and Warfarin, followed by percutaneous aspiration thrombectomy. The strategy involved ultrasound-guided micropuncture of ipsilateral popliteal vein, insertion of aspiration catheter and placement of a temporary inferior vena cava (IVC) filter via the contralateral femoral vein. Since the stenosis conferred increased risk of recurrence, angioplasty and stenting of the common iliac vein was performed as a salutary preventive measure. Postprocedure venography confirmed complete thrombus removal and vein patency. The IVC filter was removed the next day. Warfarin anticoagulation continued for 12 months without sequelae. Conclusions: Urgent and complete vein patency in massive proximal vein thrombosis must be achieved by either pharmacological, mechanical or surgical thrombectomy, balanced against inherent risks of bleeding and embolisation. Preventive angioplasty, stent insertion (where appropriate), and anticoagulation, complement a suitable modulated management approach.


Purpose: DECTKUB (Dual-Energy Computed Tomography Kidneys, Ureter and Bladder) characterises urinary calculi depending on their chemical constituents into uric acid and non uric acid. Methods and materials: Recently, DECTKUB has started to be used to characterise urinary calculi. Uric-acid stones, comprising approximately 10% of all calculi, can be treated by dissolution therapy rather than by lithotripsy, surgery or interventional techniques. With Siemens software, uric acid calculi are shown in red and non-uric-acid calculi in blue, determined by the change in their attenuation characteristics at two different beam energies. Results: We describe a case series of 153 renal calculi which were characterised as uric acid, or non uric acid by a dual-energy Siemens Definition Flash CT scanner. The chemical analysis of the retrieved stones correlated with the CT stone characterisation in all cases. Conclusion: DECTKUB stone characterisation is an accurate and useful method for urinary stone composition analysis, and can alter patient management.

We report the case of an immunocompetent 83-year-old man with metastatic neoplastic infiltration of the heart from primary squamous cell carcinoma (SCC) of the skin. Death was from cardiopulmonary collapse due to left ventricular failure with features of right ventricular inflow tract obstruction. Metastatic tumours involving the heart rarely originate from cutaneous SCC though have been reported in the literature in both immunocompetent and postrenal-transplant recipient patients. Most involve the pericardium and only rarely the endocardium or the myocardium. While the prognosis is generally poor, palliative radiotherapy may provide significant symptom relief. Cardiac metastases should be considered in patients with advanced cancer, especially when they show cardiac symptoms and signs;

A nine-year-old Caucasian girl presented with a reduced range of shoulder movement interfering with swimming and moderate lumbar scoliosis. She is born to non-consanguineous parents. Her facies, intelligence and stature are normal. Her sleep is marked by snoring without apnoea. She has a moderate reduction in shoulder range of movement with flexion (Lt & Rt 120° (normal 180°)), abduction (Lt 100° - Rt 115° (normal 180°)) and internal rotation (Lt 45° - Rt 25° (normal 65-90°)) but normal range of movement in all other joints. Cardiac examination showed mild aortic valve thickening with 1-2/4 incompetence and mild mitral valve leaflet prolapse with no incompetence. She has mild to moderate bilateral corneal clouding. Skeletal survey revealed marked metaphyseal changes which are not a well recognised feature of MPS VI or any other lysosomal storage disorder and shortened distal phalanges. Mild radiographic signs of dysostosis multiplex of tubular bones were noted. She has dysplastic vertebral bodies with no hook-shaped vertebrae. Her sella is large but not J-shaped. Her pelvis is typical for MPS and proximal femoral epiphyses are dysplastic and fragmented. She has no hepatosplenomegaly, no hernia and no pectus deformity. Her 6 minute walk test was 590metres, which is >95th centile for age. The diagnosis of MPS VI was confirmed on glycosaminoglycan quantitation (20mg/mmol creatinine, NR 4-12), MPS electrophoresis (increased dermatan sulphate bands), and N-acetylgalactosamine-4-sulphatase activity (<0.1 pmol/min/mg protein, NR 1.5 - 21.0). The diagnosis of a lysosomal storage disorder should be considered in children presenting with a metaphyseal dysplasia.

In November 1999, the Queensland Health (QH) Transition to Practice Nurse Education Program - Intensive Care (TPNEP-IC) was initiated in QH Intensive Care Units (ICUs) across Queensland. This 12-month, state-wide, workplace based education program has set minimum standards for intensive care nursing education and therefore minimum standards for intensive care nursing practice in QH. In the 12 years of operation, 824 nurses have completed TPNEP-IC, 761 achieving academic credit status and 453 utilising this academic credit status to undertake postgraduate study in critical/intensive care nursing at three Queensland universities. These outcomes were achieved through the appointment of nurse educators within ICUs who, through a united and strong commitment to this state-wide approach formed collaborative professional networks, which resulted in the development, implementation and maintenance of the program. Furthermore, these networks enabled a framework of support for discussion and dissemination of evidence based practice, to endorse quality processes for TPNEP-IC and to nurture leadership potential among educators. Challenges to overcome included obtaining adequate resources to support all aspects of the program, gaining local management and administrative support, and embedding TPNEP-IC within ICU culture. The 12 years of operation of the program have demonstrated its long term sustainability. The program is being launched through a new blended learning approach utilising e-learning strategies. To capitalise on the current success, a strong commitment by all stakeholders will be required to ensure the ongoing sustainability of the program. © 2011 Australian College of Critical Care Nurses Ltd.

The concept of the Ecareplan was the idea of Dr Nicholas Woodfield. Its value recognised in winning ISPAD award for innovation 2011. Additional funding has allowed Project Officer Annette Keid, Dr Woodfield and the Service to further develop this care plan and by September it will have database capacity with linkage to current inhouse systems to allow collection of the front end information input by clinicians during clinics. To enable: Accurate data collection for reporting on KPI, immediate and improved transfer of clinical data to included stakeholders, the potential collection of data for reporting for activity based funding components of care, and audit data for multi-disciplinary teams-to breakdown occasions of service by discipline. Improve patient self management care by: Offering the patient a clinical management plan at the point of contact, Can be sent electronically to schools and GPs with consent, develops patient empowerment improving patient self management skills by providing patients and their families with a working tool to be used e.g. sick days, Reduces after hours calls to the diabetes team, Can be used as a checklist for screening, Increases the partnership approach with patients and clinicians and Improvement in self management skills means less ad hoc or out of hours demand. The multidisciplinary diabetes team across Metro North Health Service District, along with stakeholders across Queensland Health Hospital & Community and in collaboration with Medicare local, parents and teachers have been developing this tool over many years. The latest version of the electronic careplan has easily interchangeable fields which will permit further development as changes to diabetes management principles present or for use by other chronic diseases; interested parties include Epilepsy & Renal disease. In order to truly evaluate this product we have selected a second site where it can be introduced and audited separately from its present users.


We report a case of staphylococcal sepsis with vascular complications including peripheral emboli and renal vein thrombosis. Bilateral renal vein thrombosis has not been reported as a complication of Staphylococcus aureus (SA) axillary abscess. Uncontrolled diabetes was the only detected predisposing medical condition. The patient was treated successfully with incision and drainage of soft-tissue abscesses and intravenous antibiotic for six weeks and with anticoagulation for renal vein thrombosis. Copyright © 2012 Malik A. A. Khan et al.


Desmoid tumours are benign monoclonal myofibroblastic neoplasms arising from musculoaponeurotic stromal tissue. They infiltrate local tissue but have no known metastatic potential. The management of desmoid tumours is complicated by their unpredictable nature and rarity, which makes study into their behaviour, and therefore treatment, a challenge. We present a case of intra-abdominal desmoid tumour and discuss the recommended approach to management. © JSCR.


Desmoid tumours are benign monoclonal myofibroblastic neoplasms arising from musculoaponeurotic stromal tissue. They infiltrate local tissue but have no known metastatic potential. The management of desmoid tumours is complicated by their unpredictable nature and rarity, which makes study into their behaviour, and therefore treatment, a challenge. We present a case of intra-abdominal desmoid tumour and discuss the recommended approach to management.


Background: Though contraindicated in stroke, rates of indwelling urinary catheter (IDC) use remains high nationally. To reduce urinary tract infection (UTI) incidence and improve continence, these rates must be reduced1. In 2009 Redcliffe Hospital nursing staff commenced quality improvement (QI) activities to reduce IDC use in stroke patients. Subsequently use was significantly reduced2. Aims: To record outcome improvements associated with this reduction in IDC use, in relation to decreased UTI incidence and improved continence at discharge. To correlate specific QI activities to subsequent reductions in IDC use, ascertaining both the collective and individual value of these activities in driving practice change in nursing. Methods: Retrospective cohort study of patients (n = 154) admitted to Redcliffe Hospital with stroke over the period in which QI activities were undertaken (2009). (i) Data was collected including date of QI activity, date of admission, age, sex, stroke severity (on admission and at 3 days), continence status (on admission and at discharge), UTI during admission, IDC insertion during admission and total time in situ. (ii) Two cohorts compared, those with an IDC inserted at anytime during admission (n = 46), and those who remained uncatheterised (n = 108). (iii) The cohort’s differences in
age, sex, stroke severity, incidence of urinary tract infection and continence status were compared with Chi square analysis. (iv) Admission dates associated with individual outcomes where then correlated to QI activity dates for comparison with time series analysis. Results: UTI rate (i) Catheterised cohort, 32.6% vs. uncatheterised cohort 13.8%. IDC insertion rate (i) Pre QI period 34%, during QI period 26%, post active QI period 28%. Incontinence at discharge (i) Pre QI period 53%, during QI period 54%, post active QI period 39%. Practice change (i) Decline in IDc insertion rates was most evident with QI activities directed at SU nursing staff. Decline more gradual with activities directed at ED nursing staff. Conclusion: Nursing practice change is often critical in closing evidence to practice gaps, and so the value of individual QI activities should be analysed to ensure efficacy and efficiency.


Background: CAVATAKTM (Coxsackievirus A21 [CVA21]) is a naturally occurring ‘common cold’ virus that in pre-clinical studies displays both in vitro and in vivo oncolytic activity across a wide spectrum of cancers. Natural infection by CVA21 is usually self-limiting within the upper respiratory tract. CVA21 targets human cancer cells by binding to the N-terminal domain of surface expressed human intercellular adhesion molecule-1 (ICAM-1), an interaction that triggers rapid cytolysis of the targeted cell and systemic release of progeny virus. ICAM-1 is highly expressed on the surface of numerous human cancers including melanoma, breast, prostate and head/ neck cancer. The trial was designed primarily to assess the safety of ‘first in human’ intravenous (IV) infusion of CVA21. Methods: Patients bearing late stage ICAM-1 expressing tumours and a serum neutralising anti-CVA21 antibody titre <1:16 were eligible for this trial. Ten patients were infused with 100 mL escalating doses of CVA21 (106 to 1010 TCID50) in normal saline doses over 4 cohorts. Only 8 patients were suitable for safety and efficacy evaluation. Multiple samples were taken to assess CVA21 viral load levels, generation of serum neutralising anti-CVA21 antibodies and viral excretion. Results: Overall, patients well tolerated a single IV infusion of CVA21 up to a final dose of 1010 TCID50. Some patients experienced transient/ stable reductions in lesions and disease stabilization, however, no objective responses were observed. Infectious CVA21 and CVA21 viral RNA were routinely detected in serum 30 min post-infusion in a dose dependent fashion from patients receiving a CVA21 dose >1×106 TCID50. Furthermore, only patients receiving a CVA21 dose >1×106 TCID50 developed significant levels of anti-CVA21 neutralising antibody. Observations of second phase serum CVA21 viremia were observed in 2 of 8 patients prior to neutralising antibody development, possibly indicating multi-cycle viral replication. No evidence of post-infusion CVA21 excretion in urine was observed, however CVA21 viral RNA and/or infectious CVA21 was detected in sputum and/or faecal samples from 4 of 8 patients up to 20 days post-CVA21 infusion. Conclusions: Good patient tolerance, together with some evidence of transient anti-tumor activity and disease stabilization, after intravenous CVA21, provides a solid foundation for Phase II investigations employing a multi-dose administration schedule to study the efficacy and safety of CVA21 in patients with late stage ICAM-1 expressing advanced solid cancers.


Background and Aims: A lack of age-appropriate activities during inpatient brain injury rehabilitation contributes to boredom, isolation and a lack of engagement in rehabilitation. The Nintendo-Wii has been successfully marketed as a computer gaming console encouraging participation in activities, social interaction and physical movement, which has been embraced by young people. This project aims to determine if the use of the Nintendo Wii-Fit is feasible, can improve endurance, gait and balance in individuals with brain injury admitted for rehabilitation. Method: A randomised 8-week crossover trial was conducted with a convenient sample of 21 people following a traumatic brain injury or stroke. Participants completed two four-week blocks of therapy in a randomised order; Wii-Fit in addition to usual therapy and usual therapy alone. Feasibility was measured by examining compliance (number and duration of sessions completed), adverse events and heart rate during sessions. Endurance was measured using a six-minute walk test, spatiotemporal gait parameters using a GAITRite system and balance using the Balance Outcome Measure for Elder Rehabilitation (BOOMER). Withinand between-group analyses were conducted for all measures. Results: Compliance with the Wii-Fit sessions was high (99%), the majority of sessions reached the target duration (82%), and there were no adverse events.


An increasing number of respiratory nurses are overcoming the challenges of completing clinical and academic training and achieving Nurse Practitioner (NP) endorsement to establish novel roles to meet the needs of the populations they service. These roles are not completely new, however the detail on the path to a full scope of practice as an NP is largely hidden from current and prospective candidates. Aim Our paper discusses the journey of two nurse practitioners from initial endorsement through the establishment of new roles and the evolution of their clinical practice from CNC to NP. The professional relationships with other clinicians and the interface with existing health roles and services are explored and the different opportunities and challenges between the acute care and community care settings are contrasted. The benefit that adding a Respiratory NP to the team can bring for patients in different care setting is described and the lessons shared.


In response to inadequate provision of health care, the nurse practitioner (NP) role was implemented in America over 40 years ago and has proven to contribute to patient outcomes and reduced health care costs. Thirty-three years later, the first Australian NP role was developed in New South Wales (NSW), and the role has since been implemented in all states and territories of Australia. In Australia, we face the challenge of an ageing population, which will see an increase in disability and the need for rehabilitation, while some current rehabilitation services fail to meet the needs of our patients. The NP role provides an opportunity to use advanced nursing models in rehabilitation to assist in closing gaps in service delivery and improving patient outcomes.


Background and Aims: A lack of age-appropriate activities during inpatient brain injury rehabilitation contributes to boredom, isolation and a lack of engagement in rehabilitation. The Nintendo-Wii has been successfully marketed as a computer gaming console encouraging participation in activities, social interaction and physical movement, which has been embraced by young people. This project aims to determine if the use of the Nintendo Wii-Fit is feasible, can improve endurance, gait and balance in individuals with brain injury admitted for rehabilitation. Method: A randomised 8-week crossover trial was conducted with a convenient sample of 21 people following a traumatic brain injury or stroke. Participants completed two four-week blocks of therapy in a randomised order; Wii-Fit in addition to usual therapy and usual therapy alone. Feasibility was measured by examining compliance (number and duration of sessions completed), adverse events and heart rate during sessions. Endurance was measured using a six-minute walk test, spatiotemporal gait parameters using a GAITRite system and balance using the Balance Outcome Measure for Elder Rehabilitation (BOOMER). Withinand between-group analyses were conducted for all measures. Results: Compliance with the Wii-Fit sessions was high (99%), the majority of sessions reached the target duration (82%), and there were no adverse events.
Heart rate was within the recommended intensity for cardiovascular fitness. Following Wii-Fit, six-minute walk distance improved 18 m (95% CI -33 to 69) more compared to usual therapy. Comfortable and fast gait speed improved 0.23 m/s (95% CI -0.08 to 0.54) and 0.04 m/s (95% CI -0.22 to 0.3) more, respectively. BOOMER score improved 2 points (z = -1.46, p = 0.14) more following Wii-Fit. Conclusions: Wii-Fit is feasible to use in people with an acquired brain injury. Four weeks of Wii-Fit, in addition to usual therapy, appears to improve endurance, gait and balance.


Miles, J. (2012). Super clinic’s funds ‘sickly’. Brisbane, Qld.: 23. A spokesman for Mr Springborg said last night that the minister was aware concerns had been raised regarding the financial position of the Redcliffe Hospital Foundation, a state-appointed body.

Mukandi, N., et al. (2012). ”COPD inpatient care improves at the Caboolture Hospital. (Poster).” *Respirology* **17**: 64.

COPD exacerbations (X) result in decrements in QOL, functional status and lung function, and consume significant resources if acute care is required. Admissions are an opportunity to add value in terms of chronic disease maintenance (section C, O, P & D). At our community hospital, respiratory care resources (1 thoracic physician outpatient and 2 respiratory scientist sessions per week) were doubled in 2010 and a respiratory nurse practitioner was recruited. Aim To compare inpatient care for COPD to COPDX guidelines pre and post this change. Methods Audit of all COPD admissions Aug 2009 and 2010 and March 2010 &2011 (Hunter New England COPD Inpatient Audit tool. Results 103 admissions with a mean (SD) age of 71 (12), a mean (SD) length of stay of 5.0 (4.7) days with a 19% readmission rate at 28 days. The mean FEV1 % predicted was 49% and 54% were male. They had a 49 (37) mean pack year history and 29% were current smokers, Chest x-rays, ABGs on admission and spirometry during admission were recorded for 95%, 52% & 21% of patients. Parenteral steroids, antibiotics and oxygen therapy were given to 70%, 85% & 84% respectively. A significant increase was seen in the provision of COPD specific patient education (35% vs 6%, P < 0.0001), spirometry (35 vs 17%: P < 0.023) action plans (21 vs 1.4%: P < 0.001) and clinic follow up (37 vs 15%: P < 0.01) after the introduction of the respiratory NP role. Conclusions Inpatient care was generally consistent with the COPDX guidelines. Areas for improvement include the use of spacers and the arrangement of clinic follow up.


ObjectivesTo compare the diagnosis of the foetal head position in the second stage of labour by ultrasound scan performed by a novice sonographer and by clinical assessment, to that of an expert sonographer (gold standard) and to evaluate the acceptability of ultrasound in the second stage of labour to women and clinicians. Study designThis is a case series. We recruited sixty women delivering in a university hospital in Dublin, Ireland. An abdominal scan was performed by a novice and an expert ultrasonographer and a clinical assessment was performed by an obstetrician or midwife. Each assessor was blinded to the findings of the others. The main outcome measures were errors in the diagnosis of the foetal head position and acceptability of abdominal ultrasound in the second stage of labour. ResultsThe ultrasound findings of the novice and expert ultrasonographers were consistent in 52 (87%) cases for the foetal head position 80% accuracy for the first ten scans performed by the novice (median time 150s) and 90% for the last ten scans (median time 10s). The novice made no occipito-anterior/occipito-posterior (OA/OP) errors. The clinical diagnosis of the foetal head position was incorrect in 25 (42%) cases 8 (13%) OA/OP errors. Women and clinicians did not consider the ultrasound assessment to be intrusive. ConclusionAn abdominal scan by a novice ultrasonographer is an accurate and acceptable method of diagnosing the foetal head position in the second stage of labour and may have a role to play in assessment prior to instrumental delivery.


An 80 year old female was admitted with an eight week history of fever associated with painful swelling of her right thigh, and a long history of poor dentition. Culture of blood stained fluid aspirated from the abscess grew Aggregatibacter actinomycetemcomitans (Aa) sensitive to ampicillin and cephalosporins. Transoesophageal echocardiography indicated endocarditis. Four weeks treatment with intravenous ceftriaxone and appropriate dental care was followed by full recovery.


Gallstone ileus is an uncommon complication of cholelithiasis, usually associated with an internal biliary fistula. Management of gallstone ileus is surgical with enterolitotomy the procedure of choice, followed by fistula closure either as a one or two stage procedure. In this case a 66 year old female presented with colicky abdominal pain, computed tomography (CT) clearly showing a gallstone ileus and cholecystoduodenal fistula. Despite this the patient refused surgery and went on to have spontaneous resolution of the obstruction and passage of gallstones.


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Australia is a vast country with one-third of the population living outside capital cities. Providing specialist rheumatologist services to regional, rural and remote Australians has generally required expensive and time-consuming travel for the patient and/or specialist. As a result, access to specialist care for remote Australians is poor. Rheumatoid arthritis is a common disease, but like many rheumatic diseases, it is complex to treat. Time-dependent joint damage and disability occur unless best evidence care is implemented. The relatively poor access to rheumatologist care allotted to nonmetropolitan Australians therefore represents a significant cause of potentially preventable disability in Australia. Telehealth has the potential to improve access to specialist rheumatologists for patients with rheumatoid arthritis and other rheumatic diseases, thereby decreasing the burden of disability caused by these diseases. Advances in videoconferencing technology, the national broadband rollout and recent Federal government financial incentives have led to a heightened interest in exploring the use of this technology in Australian rheumatology practice. This review summarises the current evidence base, outlines telehealth’s strengths and weaknesses in managing rheumatic disease, and discusses the technological, medicolegal and financial aspects of this model of care. A mixed model offering both face-to-face and virtual consultations appears to be the best option, as it can overcome the barriers to accessing care posed by distance while also mitigating the risks of virtual consultation. © 2012 The Authors. *Internal Medicine Journal* © 2012 Royal Australasian College of Physicians.

Singh, T., et al. (2012). "Thyroid fine needle aspiration biopsies (FNABs): Why do I have this feeling of déjà vu?" *Journal Of Medical Imaging And Radiation Oncology* **56**: 212.

Purpose: To analyse the rates of diagnostic, equivocal and nondiagnostic thyroid FNAB and repeat/follow-up rates. Methods and materials: Retrospective review of all thyroid FNABs cytology reports identified on a PACS (Picture Archiving and Communication System) at a tertiary-level public hospital. Procedures analysed were performed by one experienced radiologist with an interest in head and neck imaging over a period of ten years. Reports were examined for diagnostic rates, rates of malignancy, repeat recommended rates and follow-up recommended rates. Any repeat FNABs, recommended or not, on the identified patients were also analysed. Comments were invited from our Cytology department. Analysis is ongoing. Results: In 2004-2005, 52% of thyroid FNABs were cytologically diagnostic. In 2010-2011, 74% of thyroid FNABs were cytologically diagnostic. A significant proportion of patients had repeated procedures regardless of initial thyroid FNAB result. Conclusion:

Distension may be present if obstructed for a sufficiently long period, but it is confined to the upper abdomen. Possibly as a result of its rare nature and nonspecific and varied clinical signs relating to obstruction and abdominal pain, this type of hernia is seldom diagnosed preoperatively.1, 3 A computed tomography (CT) scan can improve specificity of the diagnosis and the routine use of CT scans in emergency departments may increase the percentage of correct preoperative diagnosis.


Background. Perineural invasion (PNI) in cutaneous squamous cell carcinoma of the head and neck (CSCCHN) is associated with decreased survival. Large-nerve PNI presents with clinical signs and symptoms and/or magnetic resonance imaging evidence of cranial nerve involvement. We sought to determine which variables predict a worse outcome and to analyze patterns of failure.

Study Design. Case series with planned data collection. Setting. Tertiary care center. Subjects and Methods. Patients with large-nerve PNI from CSCCHN between 1996 and 2006 were identified from a prospectively collected database. Clinical and demographic variables were recorded. Local control rates and survival analysis were performed using Kaplan-Meier curves. Results. Thirty-six patients were identified (28 men and 8 women). The mean age was 61 years. Twenty-nine were treated with curative intent, and 7 received palliation. The mean follow-up was 35 months. Involvement of V3, disease zone, and the type of therapy were significantly associated with overall survival (P < .05). The 5-year disease-free survival for patients by therapy was 50% for subcranial surgeries, 53.6% for skull base surgery, and 0% for radiation and palliative therapies (P < .001). None of the patients treated with a skull base resection had a central recurrence, while all patients who received palliation had a central failure. Conclusions. Disease extent, type of therapy, and involvement of V3 are all significant predictors of survival in PNI from CSCCHN. We confirmed that the natural history of the disease is central progression and that this can be halted, if detected early enough, by a properly planned skull base resection. © American Academy of Otolaryngology-Head and Neck Surgery Foundation 2012.


A significant proportion of patients with severe intra-abdominal sepsis are managed by leaving the peritoneal cavity open in an attempt to control the infective process, regardless of aetiology. However, a considerable number of these patients develop enterocutaneous fistulae, which compound the clinical situation and delay closure of the peritoneal cavity. We propose a new method of dealing with such fistulae, by simply fashioning a direct pedicle flap to patch the fistulous opening. This method allows control of the fistula and facilitates early closure of the abdomen.; © JSCR.


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Public awareness of hospital misadventure is now common. In response, we describe our integrated hospital safety system, which is dependent on the linkage of multiple individual safety committees, and the presence on each committee of senior and junior multidisciplinary healthcare professionals to provide feedback to their peer groups on required improvements.


We present a case of chronic benign tracheo-oesophageal fistula in an immunologically competent elderly female, cured with a period of nasogastric feeding;


Introduction: We are currently conducting a randomised controlled trial using non-invasive stroke volume (SV) monitoring to optimise fluid resuscitation. We present the results from the first 40 enrolments. Method: The trial was conducted at Redcliffe Hospital. Inclusion criteria was the clinical need for a fluid bolus for resuscitative purposes and two out of three of HR > 100, SBP < 100 mmHg and lactate ≥ 1.5 mmol/L. Prescribed fluid boluses were a minimum 500 ml volume. Fluid responders were defined as increase in stroke volume of at least 10%. Feedback was provided to the clinicians that stroke volume was or was not responding appropriately otherwise care was at the clinician’s discretion. Stroke volume monitoring was conducted using an USCOM monitor. Main outcome measure is 4 hour lactate clearance. Results: 40 participants were enrolled (24 male). 18 were randomised to routine care, 22 to stroke volume monitoring. Median age was 69 years (range 20-85). Rapid Emergency Medicine Score (6.0 vs 6.5, P = 0.34) and Systemic Inflammatory Response Syndrome (15/22 vs 13/18, P = 0.78) were identical for both groups. There was a non-significant trend towards greater lactate clearance in the monitored group, (-40% (95% CI -59 to -20) vs -14% (95% CI -54 to 25), P = 0.09). There was no difference between groups in fluid volumes administered, (1689 ml (95%CI 1244-2133) vs 1475 ml (95%CI 1069-1881), P = 0.76), patients requiring inotropic support (4/22 vs 4/18, P = 0.75) or referral to ICU (10/22 vs 11/18, P = 0.32). There were a total of 112 fluid boluses delivered (range 200-2000 ml). Mean MAP increase in response to the fluids was 1.6 mmHg (range -57 to 47 mmHg). 41 fluid boluses were administered to patients undergoing SV monitoring. 16 resulted in an increase ≥10%. Linear regression demonstrated no relationship between increase in MAP and either bolus volume (R2 = 0.001, P = 0.79) or increase in stroke volume (R2 0.011, P = 0.56). Discussion: Individual optimisation of fluid resuscitation has demonstrated a non-significant trend towards increased lactate clearance. Changes in the most common clinical indicator of perfusion, mean arterial pressure, showed no relationship to either volume of fluid administered or changes in stroke volume.


Background: Large animal models of shock allow prospective controlled studies of interventions such as blood transfusion, otherwise not achievable in the clinical setting. The aim of this study was to develop a clinically relevant emergency medicine in vivo model of haemorrhagic shock. Method: 24 wether sheep were anaesthetised, intubated and instrumented. Instrumentation consisted of placement of central venous catheter in the right internal jugular vein, swan sheath ×2 in the left internal jugular vein and arterial line in the left facial artery. A continuous thermodilution pulmonary artery catheter was inserted through the proximal sternum. Probes were inserted into the frontal lobe of the brain, paraspinal skeletal muscle and renal cortex to monitor tissue O2 pressure and perfusion. Sheep were sedated with a combination of Ketamine, Midazolam and Alfaxalone infusions. During instrumentation, sheep were hydrated with 10-20 ml/kg/hr Normal Saline. Shock was induced by phlebotomy of 30% estimated blood volume through the distal sternum over a period of 5-10 minutes. 30 minutes after completion of haemorrhage sheep underwent fluid resuscitation. Results: Mean arterial pressure, cardiac output and tissue oxygen pressures declined precipitously. During haemorrhage sheep achieved MAP 40 (±14) mmHg. Cardiac output declined to 2.35 (±0.77) l/min and tissue oxygen pressures declined to 11 (±17) mmHg for brain, 23 (±38) mmHg for muscle and 20 (±27) mmHg for the kidney. Some values increased slightly as splenic reserves were mobilised with MAP reaching 44 (9) mmHg. No sheep died during the course of the experiments. Conclusion: The physiological data confirm the development of sustained Grade IV haemorrhagic shock. This in vivo ovine model has the significant advantage of using standard hospital instrumentation. It provides an ideal platform to go onto to develop a true traumatic shock model.


Patients who recover from critical illness may be left with significant limitations to their physical function that can have important consequences for their quality of life. Measures of physical function may be useful end points to consider in studies conducted in critically ill patients and are particularly attractive in studies investigating early mobilisation and rehabilitation.
Research question: How do women who choose not to breastfeed perceive their healthcare experience?

Method: This qualitative research study used a phenomenographic approach to explore the healthcare experience of women who do not breastfeed. Seven women were interviewed about their healthcare experience relating to their choice of feeding, approximately 4 weeks after giving birth. Six conceptions were identified and an outcome space was developed to demonstrate the relationships and meaning of the conceptions in a visual format. Findings: There were five unmet needs identified by the participants during this study. These needs included equity, self-sufficiency, support, education, and the need not to feel pressured. Conclusion: Women in this study who chose not to breastfeed identified important areas where they felt that their needs were not met. In keeping with the Code of Ethics for Nurses and Midwives, the identified needs of women who do not breastfeed must be addressed in a caring, compassionate, and just manner. The care and education of women who formula feed should be of the highest standard possible, even if the choice not to breastfeed is not the preferred choice of healthcare professionals. © 2011 Australian College of Midwives.


Objectives: To determine if the use of rapidly administered intravenous fluids (IV) changes pain levels in patients with acute ureteric colic after four hours compared to minimal IV fluids. Methods: This was a prospective randomised controlled trial conducted in three Emergency Departments in Melbourne, Victoria during 2010 and 2011. Participants with suspected ureteric colic were randomly allocated to one of two groups. The first group received 1 litre of Normal Saline IV over two hours; the second group received minimal IV fluids. All participants were given analgesia at the treating clinician’s discretion, and referred for imaging to confirm diagnosis. Pain scores using the visual analogue scale (VAS) were taken on arrival and hourly for four hours. The differences in scores were compared between the two groups. Results: A total of 81 participants were included in the trial. The median pain score on admission for both groups was 83 mm. At four hours, the median pain scores in the rapid fluid group and minimal fluid group were 7 mm and 6.5 mm respectively. There was no significant difference in the pain scores at four hours (p = 0.97). However, there was a clinically and statistically significant difference measured at two hours in favour of the rapid fluid group (10 mm vs 22 mm, p = 0.01). Conclusion: Rapid administration of 1 litre intravenous saline resulted in a statistically and clinically significant improvement in pain scores at 2 hours, but no difference at 4 hours.


Aim: To develop evidence-based recommendations for pain management by pharmacotherapy in patients with inflammatory arthritis (IA) by integrating evidence and the expert opinion of a broad panel of Australian and New Zealand practicing clinical rheumatologists. Methods: 41 rheumatologists participated in the 2010 3e Initiative. A list of 10 clinical questions regarding the use of medications for pain in IA (rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and spondyloarthritis) was developed during the international 3e process, and bibliographic fellows undertook a systematic literature review for each clinical question. The research evidence was presented to the Australia New Zealand panel for review and discussion in small focus groups, and recommendations were formulated and assessed for agreement among the participants and the potential impact on clinical practice. Results: Six recommendations related to the role of different analgesic medications including the use of combination therapy, with one recommendation each addressing pain measurement scales, and pain management in pregnancy. Two recommendations considered the safety of pain medications in patients with gastrointestinal, hepatic, renal and cardiac co-morbidities, and one considered the safety of analgesics in combination with methotrexate. The level of agreement by the participants with the recommendations ranged from 7.2 to 9.7 (mean 8.5) on a 1–10 point scale with 10 representing full agreement. The recommendations closely reflected current practice amongst participants, with over 85% already practising within the scope of the final recommendations. Conclusions: Ten recommendations on the management of pain by pharmacotherapy in IA were developed. They are evidence-based and supported by a wide panel of practicing rheumatologists, thus enhancing their utility in clinical practice.