FROM THE CEO

With the sun starting to shine for longer in the day, already we have surpassed mid-year and are now gearing up for the fun end of 2010. The start of the year has seen the success of many courses, and the addition of many new Instructors to the APLS team.

As most of you are aware, the PAC Conference 2010 is only a month away! The conference days at The Hyatt Canberra, promises to be an invaluable source of knowledge and experience for all attending, a wonderful opportunity to network with peers, with the highlight of a dinner at the Australian War Memorial.

Places have been filling up fast for the conference, so if you wish to attend and have not yet done so, please register ASAP. We would love to see you all there.

In other exciting news, we currently have two guest Instructors all the way from Fiji, instructing on our Melbourne Instructor Course 30 July – 1 August. We welcome them both to Australia and are very pleased that they have travelled to assist in training our potential new Instructors on APLS procedures.

While APLS is busy ensuring the smooth running of courses for the remainder of the year, and an enjoyable and successful conference, we hope you all stay warm and healthy, and we look forward to seeing you in September at the PAC Conference!

Vanda Fortunato
APLS CEO

SOME HOUSE KEEPING ...

It is extremely important to ensure that all expense claim forms are submitted within six weeks of completion of a course.

We report on a three monthly cycle to the tax office - when we receive expenses outside our reporting cycle we need to make adjustments to a previous submitted report. This is very costly and can incur fines from the tax office.

Please note that, in the future, any expense claim forms received after the reporting cycle cannot be processed.

A copy of the reimbursement policy and a copy of the expense claim form is available on the website.

COMING IN AUGUST

Within the next couple of weeks, there will be some new additions to all equipment kits.

Each of the scenario boxes will include timers, which can be used to ensure that tasks are all completed within the specified time frames.

A digital camera will also be made available to take portrait shots of candidates and groups, so they will no longer have to bring in their own headshots along.

Each scenario box will also include a copy of the book "Pocket Guide to Teaching for Medical Instructors".

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AUGUST 10

IN THIS ISSUE

PAEDIATRIC EMERGENCY DEVELOPMENT SCHOLARSHIP REPORT

What a month of experiences I had!

It all started when Samoa underwent hard times with the tsunami on September 2009, where the opportunity was introduced to me by the RCH Team that was letting a hand to help with the disaster's aftermath. Then, the hunt for all the required documents and research for the application was initiated knowing that I will face a slim chance because the scholarship was for Asia and Pacific. However, it was an enjoyable festive season after being awarded the scholarship on 18th December 2009.

The coordination of the whole trip with the bookings and communication was greatly done. The accommodation was excellent, being safe and very close to the hospital just made everything convenient. Getting to explore Melbourne was great, especially with the help of the pre-guide information that was provided; it just made my involvement in social events and functions even better.

The attachment at the RCH gave me lots of new ideas, especially eye witnessing most of their practices that are not done here in Samoa. It also gave me the appreciation of what the Samoan doctors are delivering to the people after identifying the similar hitches that are found in TTM Hospital as well. The Emergency Department staff nurses and doctors at all level were friendly and helped me throughout.

Learning throughout the clinical attachment was pleasant especially with the Teachings on Wednesdays and Fridays. It was also an honour for me to take part in presenting on the 10th March grand-round together with Mr. Julian Meagher from the Department of Human Services and A/Prof Simon Young, director of RCH Emergency Department. A temporary registration to have contact with patients will give a much more broader experience, however, it is understandable as these measures are put in place to protect the integrity of a health service.

Ambulance Services experience on the Air Ambulance and the MICA single unit responder was just another excellent perception of picturing a complete scenario of patients that are stabilised before they arrived at Emergency Departments. It was also an opportunity for me to explore Victoria on the same time from air view and getting to know people and their duties on the field.

After all the intense APLS course was great learning and good opportunity to meet up with some other doctors around the globe. Materials and the whole curriculum are realistic and can be easily applied even in a setting like Samoa. Passing the course and being invited to become an APLS instructor is giving my whole trip a greater value.

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EXTRAORDINARY MEETING - 4 SEPTEMBER

All APLS Members should have now received voting papers in relation to making some changes to the current constitution. It is important that, if you are unable to attend the meeting, you send in your proxy vote to ensure that you have a say in the future direction of APLS.

The following information gives an outline of the changes to the constitution.

APLS still operates under the largely unchanged memorandum and articles of association (M&A) that were adopted when APLS was established in December 1998.
An update of the constitution is designed to:

- enhance the efficiency of the board by reducing the maximum number of directors from nine to seven and removing the geographical criteria for the election of directors;
- enhance the range of skills and experience relevant to the management of APLS by empowering the Board to nominate three directors (who need not be members) and abolition of the current executive committee;
- streamline the membership provisions so that there is a single class of membership (reflecting current membership);
- streamline the mechanisms for resolving untraceable memberships and unfinancial memberships (where applicable);
- update the constitution to reflect changes to the Corporations Act 2001 (Corporations Act) and the Income Tax Assessment Act 1997 (ITAA);
- comply with the requirements of the ITAA and the Australian Taxation Office for organisations endorsed to receive tax deductible gifts;
- take advantage of technological changes by enabling members' notices to be sent by fax, email or other electronic means, if requested by a member; and
- make the constitution easier to read and use as a reference document.

If you have any questions or require any clarification, please do not hesitate to contact Vanda (vanda.fortunato@apls.org.au or 03 9412 9222).

CLINICAL UPDATE

Anaphylaxis Management in the Pediatric Emergency Department: Opportunities for Improvement

Russell, Scott MD; Monroe, Kathy MD; Losek, Joseph D. MD

Pediatric Emergency Care:
February 2010 - Volume 26 - Issue 2 - pp 71-76
doi: 10.1097/PEC.0b013e3181ce2e1c

Abstract

PURPOSE: To determine the rate, immediate treatment, and outpatient management for anaphylaxis in patients receiving care in a pediatric emergency department (ED).

METHODS: This is a retrospective cross-sectional descriptive study of patients (21 years or younger) who received care for anaphylaxis for a
5-year period in the ED of the Children's Hospital of Alabama in Birmingham, AL, which has an annual census of 55,000. The diagnostic criteria for anaphylaxis were symptoms and/or signs involving 2 or more organ systems (dermatologic, respiratory, gastrointestinal, and cardiovascular), hypotension for age, 1 organ system involvement with admission to the hospital, and/or dermatologic system involvement treated with intramuscular epinephrine.

RESULTS: There were 124 patient visits by 103 patients (4.5 events/10,000 ED patient visits) who met the diagnostic criteria for anaphylaxis. This included 114 (92%) patients who had involvement of two or more organ systems. There were 66 (64%) males and 33 (27%) patient visits that resulted in hospitalization. The most common organ system involvement was dermatologic in 121 (98%), followed by respiratory in 101 (81%), gastrointestinal in 33 (27%), and cardiovascular in 11 (9%). Medical interventions include 69 patients treated with intramuscular epinephrine (56%; either in pre-hospital setting and/or during ED visit), 97 patients treated with corticosteroids (79%), 114 patients treated with H1 and/or H2 antihistamine (93%), 15 patients treated with intravenous fluid bolus (12%), and 37 patients treated with albuterol nebulization (30%). Food was the most common inciting allergen (in 45 or 36% of patients). Among the foods that were listed as causing reactions were peanuts, shellfish, milk, ice cream, fruit, nuts, and fried chicken. Compared with ED care-only patients, the hospitalized patients had a significantly greater rate of cardiovascular system involvement and of receiving more ED interventions. Of 91 ED care-only patients, autoinjection epinephrine was prescribed to 63% and referral to an allergist was recommended to 33%. Patients treated with intramuscular epinephrine had a significantly greater rate of hospitalization and of receiving more ED interventions compared with patients who were not treated with epinephrine. There were no patient deaths.

CONCLUSIONS: This study is the first to describe the management of anaphylaxis in a pediatric ED. The results revealed opportunities for improvement. Although our ED treatment and outpatient management of patients with anaphylaxis did not meet the recommended standards of care with regard to administration of intramuscular epinephrine, prescribing autoinjection epinephrine, or referral to an allergist for all patients who had a diagnosis of anaphylaxis, we do report a higher concordance with published recommendations than those reported in previous studies performed in adults.

CONTINUED FROM PAGE 1

Lastly but not the least, many thanks to the APLS programme especially its current President, A/Prof Simon Young, for hosting me throughout the whole month of staying, learning and enjoying Melbourne. This golden opportunity APLS granted me is not just helping me but my country as well as I will now use and share this knowledge in delivering our services to the community.

Moreover hope to see the APLS course running in Samoa soon as this is just the beginning of my journey as an emergency physician.

Dr. Mika. Ah Kuoi.
A&E Registrar, TTM Hospital, Apia
Continuing Medical Education Coordinator, SMA/OUM/NHS
Primary Trauma Care Instructor

COFFEE CULTURE ON COURSE

As you are aware, Nespresso coffee machines have now been added to all kits.

The feedback we have received has been very positive as the machines are extremely easy to use.

IMPORTANT DATES

PAC Conference 2010 – 2-4 September
Extraordinary Meeting – 4 September
Annual General Meeting (AGM) – 28 October
Course Directors Day – 29 October

IMPORTANT CHANGES TO APLS MANUAL

There have been some recent changes to the Australia Version of the APLS Manual 4th Edition. Copies of these new chapter changes were sent out to all Instructors in late June, and all Manuals have been updated with the new material.

In particular, the following changes were made:

- Page 195 – 17.9 "Immobilisation"
- Page 196-197 – 17.10 "Injuries of the cervical spine"
- Page 197-198 – 17.11 "Injuries to the Thoracic and Lumbar Spine"
- Page 248-249 – 22.6 "Cervical Spine Immobilisation"

If you have any questions about the changes that have been made, or did not receive a copy of the updated chapters, please contact the office.