

Impacting outcomes in acute care

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The assessment of acutely presenting patients is the subject of a few articles in this edition of *ClinMed*. An exploratory study by Kellett *et al* investigated the changes in patients' health condition, as reflected by mental status, mobility and vital signs, occurring between admission and discharge dates.¹ The study from a hospital in sub-Saharan Africa identifies that as many as four out of 10 patients experience a deterioration between admission and discharge; the question of whether this prevalence is matched in hospitals in the well-resourced world warrants further study.

There are approximately 650,000 patients admitted annually with hip fracture, and physician teams are often involved with their care, with the formation of so-called 'orthogeriatric' teams. Han and colleagues report on 10-year trends both in the factors associated with elapsed time to surgery and in outcomes from surgery.² The results presented are crucial to developing services and to decision-making in the scheduling of hip fracture surgical cases. These papers dovetail excellently with the topic of this month's CME papers, on the topic of geriatric medicine, which includes papers on frailty in acute presentations and pain management in older patients.

A paper from Farrugia and colleagues in Malta investigates the often-overlooked issue of uncontrolled plasma glucose in patients admitted to hospital.³ Whether hyperglycaemia itself leads to a poorer outcome or is merely an indicator of a more severe illness is investigated by correlation with mortality and course of hospitalisation, but also analysed in relation to seasonal variation. The results indicate that serum glucose may be an important prognostic marker and may indicate a more severe illness, independent of diabetic history. Recommendations about monitoring of glycated haemoglobin at admission in cases of new-onset hyperglycaemia are worthy of prospective study.

Another important manuscript in this edition, from Whyte *et al*, is a summary of the revised guideline from the Resuscitation Council UK on the emergency management of anaphylaxis.⁴ There are notable updates on recognition, management, observation and follow-up of patients with anaphylaxis. There are updates on the respective roles of corticosteroids and antihistamines, and important summaries of changes to the recommended duration of observation for patients who have experienced anaphylaxis. The paper is strongly practical and, as well as being an asset to individual practitioners and those preparing for exams, it includes algorithms and figures from the Resuscitation

Council UK guide, making it highly downloadable for emergency departments.

Nipah virus is an airborne zoonotic virus with the fruit bat as its animal reservoir and can cause a potentially fatal encephalitis. It is endemic to south-east Asia and the western Pacific, with approximately annual outbreaks occurring in the Indian subcontinent. There are currently no vaccines or medications available for treatment, and management relies heavily on preventative measures. Readers of *ClinMed* who manage patients with neurological presentations from travellers arriving from endemic regions should be aware of Nipah virus given its propensity for nosocomial and household transmission. The manuscript by Alam offers a vital description of this infectious disease, which typically presents non-specifically but with the potential to result in fatal illness.⁵

Finally, readers who follow these matters will have seen that the impact factor for the journal has risen to 5.41. While this has not been a primary focus for us, we hope that this persuades readers to consider submitting their manuscripts for consideration. We believe *ClinMed* is an excellent home for high-quality content with direct impact on patient care, and look forward to hosting more of the sort of content that has seen our papers well cited and our number of downloads continuing to break our previous highs. We are indebted to you our readers, to our authors and to our reviewers, as well as to the editorial board and team at RCP who have supported the journal unstintingly. ■

Anton Emmanuel
Editor-in-chief

References

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