PostScript

LETTERS

Attitudes to triage of Chinese emergency room patients in a Beijing tertiary hospital

China is the largest developing country in the world. Although most emergency rooms in the mainland do not have an emergency triage system, large urban hospitals are beginning to set them up. However, there has been no media coverage in Beijing to promote public understanding of the emergency triage system. We performed a study to understand patients' attitudes to the triage system, and to compare the patients' expected waiting times with emergency room-allocated waiting times between different triage levels.

The study setting is a tertiary and teaching hospital in Beijing (Peking Union Medical College Hospital, Beijing, China). The emergency room has about 350 visits each day, with most of the visits relating to medical problems. According to the triage criteria, level I and level II patients can be seen by a doctor or cared for by a nurse immediately. Level III and level IV emergency room patients have stable vital signs. However, the condition of level III patients may deteriorate in hours.

A senior emergency room nurse was arranged to perform triage, and a junior nurse gave out questionnaires when the patients were waiting to see a doctor.

In all, 64 level III and 36 level IV emergency room patients were enrolled in the study. All the patients agreed that it is reasonable and necessary to set up a triage system in the emergency room. The median of the waiting time expected by level III patients was 10 min (with 25% and 75% expecting waiting times of 5 and 20 min, respectively). There was a significant difference between the patients' expected waiting time and the emergency room-allocated waiting time of 30 min ($p=0$). The median of the waiting time expected by level IV patients was 10 min (with 25% and 75% expecting waiting times of 10 and 27.5 min, respectively). There was a significant difference between the patients' expected waiting time and the emergency room-allocated waiting time of 120 min ($p=0$). There was no significant difference comparing the patients' expected waiting time of the two groups ($p=0.449$, Mann-Whitney U test).

Medical resources in developing countries are limited. Setting up the triage system in emergency rooms can assist in using the medical resources efficiently. Although emergency room patients support the triage system, they do not understand the methods and the criteria used. As a result, patients' attitudes regarding expected waiting time support the necessity of setting up a triage system in emergency rooms. The media should be used to promote public understanding of emergency triage.

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Photokeratitis following the manipulation of aquaria disinfection lamps

UVC radiation (100–280 nm) at the earth's surface is usually encountered during welding or with germicidal lamps. The corneal epithelium absorbs UVC and the main acute clinical effect appears to be photokeratitis, typically appearing within 12 h of exposure.

We report a cluster of six patients (from five independent incidents) presenting with photokeratitis to the same ophthalmic emergency department within a 6 month period, all with bilateral photophobic, gritty and watery eyes. All six men had been exposed to UVC radiation while replacing or cleaning low-pressure mercury vapour lamps of domestic koi fish aquaria within the previous 24 h and had developed symptoms before attendance. Slit lamp examination of all six men revealed corneal punctate epithelial erosions. The six patients were treated with lubricants and discharged with advice to return if the symptoms did not improve.

UVC radiation is used in the destruction of micro-organisms. The lamps generate high dose rates at a wavelength close to the absorption maximum of DNA (~260 nm), producing a germicidal effect.¹ In recent years, outbreaks of photokeratitis or UV burns following exposure to ultraviolet radiation from broken mercury vapour lamps have been reported.² These injuries are preventable and in the USA, the Food and Drug Administration (FDA) has prescribed performance standards for lamp operation.³ Despite these measures, mass photokeratitis and UV burns remain a public health issue. No similar performance standards have been set in the UK on lamp operation, and, although an EU directive does impose a minimum requirement on employers to assess and reduce risks of optical radiation exposure of workers, these regulations apply only in the workplace.⁴

Photokeratitis is an operational hazard when working with germicidal lamps used in aquaria. Exposure in every case was unintentional and was compounded because human eyes cannot detect UVC radiation and because of the time lapse before symptoms appeared. A specific history should be sought in patients presenting with punctate epithelial erosions as they may be unaware of the underlying cause and not volunteer this information.

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A guide to reducing citation errors in bibliographies

It is a common experience that by the time one finishes compiling a manuscript and reaches the stage of compiling the bibliography, a sense of fatigue sets in. Generally, people type the bibliography on the computer themselves or seek the help of a professional to do it; this is subsequently corrected by the author. However, even after corrections, errors remain in several references by virtue of errors in quoting authors (including the correct number, order, initials and spelling), article title, journal title (including proper Index Medicus abbreviation), volume number, page number and year.

Potentially more damaging are the errors where the name of one journal is replaced by another. In many instances, references do not conform to the uniform medical reporting system. The number of errors encountered is inversely related to the diligence of the author and the time spent by him/her in correcting the bibliography. The magnitude of the problem can be gauged by the sheer number of articles published on this subject.^{1,2}

That the problem still persists is evident from a recent article in *Emergency Medical Journal*, which found an error rate of 19%.³ We also faced this problem of errors in bibliography in the early part of our career and subsequently devised a strategy to overcome this problem. It is likely that some of you are already using it, and to readers familiar with computers, this will appear very trivial. However, we realised that the majority of our colleagues are unaware of this method, which prompted us to share it with your readers. We believe that postgraduate students in developing countries are likely to be the biggest beneficiaries of this communication.

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