

### TACKLING FALLS

An elderly woman is admitted to hospital to investigate her recurrent falls. Soon after admission, she is found on the bathroom floor with a fractured neck of femur... Sound familiar? Unfortunately, hospital admission actually increases the chances of injury from falling. Multiple factors contribute to this, so efforts to reduce falls must employ multiple strategies. Fonda et al (page 379) kept this in mind when they designed a program to reduce falls in their Melbourne hospital. In response to their successful multistrategy intervention, international experts Kannus et al (page 372) urge us to analyse all the elements of the program, apply falls prevention strategies in our hospitals and perfect them with the results of randomised controlled trials.

### VIVE LA RESISTANCE!

Before the 1990s, methicillin-resistant *Staphylococcus aureus* (MRSA) infections occurred predominantly in hospital patients, many of whom were debilitated by long illnesses. This is no longer the case. MRSA acquired outside the health care setting is so common it now has a name. Nimmo et al from the Australian Group for Antimicrobial Resistance (page 384) looked for the occurrence of community-acquired MRSA (CA-MRSA) in 27 laboratories throughout Australia and found that the various strains of this bacterium are on the increase. On the alert, too, are Donaldson and Gosbell (page 420), who report the need to be alert for overseas strains of CA-MRSA.

Shifting the focus back to hospital infection, Collignon et al, representing five Australian states and territories, argue for a national program of monitoring staphylococcal bloodstream infections to detect and eradicate health care-associated infections (page 404). Confused by the multiple faces of “golden staph”? Johnson et al (page 374) detail how the growing spectre of antimicrobial resistance in community strains should change your approach to patients with suspected staphylococcal infections.

### KIDS' COUGHS

Not so long ago in paediatric practice, it seemed every child with a persistent cough had asthma until proven otherwise. In 2006, however, sanity prevails. “Cough variant asthma” no longer exists and there are clearly defined clinical approaches to all kinds of cough in children which differ from those used in adults. In a Position Statement of the Thoracic Society of Australia and New Zealand (page 398), Chang et al outline current best practice.



### RECYCLING CORD BLOOD

Many Australian hospitals now offer parents the option of collecting and storing or donating umbilical cord blood (UCB) at delivery. On page 407, O'Brien et al explain how UCB is used as a source of stem cells in patients with haematological malignancies who lack a matched bone marrow donor. Further uses for this former biological waste product are also in the pipeline.

### SUPERVISION TIPS

The ongoing series, *Teaching on the run*, has proved enormously popular with busy clinicians who take the Hippocratic imperative to pass on their craft seriously. The series has almost reached its end, but on page 414, Lake and Ryan tackle the important issue of how to provide effective supervision for junior doctors.

### OBSTETRICIAN INTERVENTION

A survey of Australian obstetricians published in the *MJA* in 2004 indicated that there may be suboptimal rates of screening for bloodborne viruses, especially HIV and hepatitis C virus, and that the reported management of infected women was not always ideal. In this issue of the Journal (page 389), Giles et al report that, after concerted efforts at feedback and education, more obstetricians appear to be adhering to best practice guidelines — but there is still room for improvement.

### ITINERANT ORGAN

In this issue's *Snapshot* (page 416), a remnant of a traumatised intra-abdominal organ re-established itself above the diaphragm and was removed for its troubles. Itinteang et al advise on how to determine whether a travelling spleen can be safely left alone.

### MATTERS OF THE HEART

In a recent review of perioperative cardiac events among patients undergoing non-cardiac surgery, Canadian researchers found that such events are relatively common (occurring in 2%–5% of all patients having operations), almost certainly under-recognised, and difficult to predict and prevent. What does this mean for our patients? Lowe and Freedman bring their pragmatic perspective to this murky area (page 376).

And, while pondering things cardiac, don't miss this issue's supplement from the National Heart Foundation and the Cardiac Society of Australia and New Zealand. Designed primarily for use in hospital practice, the guidelines will also have relevance for GPs, emergency service workers and other community-based health care professionals.

### ANOTHER TIME ... ANOTHER PLACE

The identification of elderly patients at risk for falling and intervention to minimize risk ... should receive a high priority in the health care of elderly persons.

*N Engl J Med* 1989; 320: 1059