emergency care and definitive care (including prevention and management, Purpose-driven governance – improved outcomes, and Practise the theory in a financially sound model.

Pre-hospital rapid sequence intubation. Rapid sequence intubation (RSI) has become widespread as the procedure of choice for definitive airway management by pre- and in-hospital emergency care worldwide. The Professional Board for Emergency Care at the Health Professions Council of South Africa has approved pre-hospital RSI as part of the scope of practice for emergency care practitioners. Stein et al.4 provide a position statement regarding the training, system requirements, and the clinical governance system within which RSI should be practised.

Safe endotracheal tube cuff pressures. Endotracheal intubation is performed in pre-hospital and emergency department environments by advanced life support paramedics and emergency doctors. Over-inflation of endotracheal tubes (ETTs) may result in serious complications including tracheal stenosis, tracheal rupture and tracheo-oesophageal fistula. Stein and colleagues found that qualitative assessment of ETT cuff pressure by practitioners who regularly perform emergency endotracheal intubation is inadequate. This means making the use of ETT cuff pressure manometers mandatory throughout the continuum of emergency and critical care.

Procedural sedation in the emergency centre. A proportion of patients presenting to emergency centres need to undergo procedures that can be unpleasant and painful. The Emergency Medicine Society of South Africa recognised that there was a lack of uniformity in the provision of safe and effective analgesia and procedural safety. On behalf of the society, Stander and Wallace provide guidelines for emergency medicine specialists and all medical practitioners involved in the provision of emergency procedural sedation in emergency centres in South Africa.

Assessment of trauma centres. On behalf of the Executive Committee of the Trauma Society of South Africa, Hardcastle et al. provide guidelines for the assessment of trauma centres for South Africa.

In a letter to the editor, Michael Morris laments the failing medical services in much of South Africa, and suggests that if these are not addressed ‘living medical problems may become dead certainties’.

A call to arms for trauma care. In his editorial Lee Wallis notes that trauma is the second-commonest cause of death in the region. The only sensible health service response is through the development of an integrated trauma system, which is long overdue in South Africa and should be made a national government priority.