Introduction
Wherever healthcare is offered, people who consider that they need emergency care will arrive unexpectedly. All healthcare facilities should be prepared to receive and treat such patients as quickly, effectively and compassionately as possible.

Preparation, training and practice are the keys to success in emergency care.

Preparation involves considering and having available the necessary equipment and drugs for all of the possible pathologies requiring emergency care that are likely to present to the facility.

Training involves ensuring that healthcare workers in the emergency area have been trained to assess life-threatening and urgent care needs and to respond to these in a recognised and structured way so that no essential steps are omitted.

Practice involves the emergency team rehearsing their response to emergencies together so that they become competent when presented with real situations.

Hospitals should have a dedicated ‘Emergency Room’ where patients of all ages and with all conditions can present. However, patients will often attend the ward where they have previously been seen, and of course emergencies can arise within any ward, especially if that ward is understaffed.

Therefore it is vital that every ward, as well as the emergency room, is prepared with the drugs and equipment necessary to respond successfully to any emergency in that area.

This section describes the drugs and equipment necessary to treat emergencies in women and girls during pregnancy, labour and the postpartum period, as well as in infants and children.

The emergency room should be staffed at all times. The number of staff will depend on the size of the facility and the expected number of patients. In a large city hospital where hundreds of patients attend every day, there may be 10 to 20 nurses and 6 to 8 doctors on duty at any one time. However, in a small peripheral clinic, with only one or two inpatient wards and three or four labour-room beds, there may not be enough staff for one of them to spend all of his or her time awaiting an emergency. In that case, a simple preparation is key, and the immediate availability of the necessary emergency equipment and drugs, together with a trained and practised healthcare worker, is paramount.

Training in the structured approach to recognition and treatment of life-threatening illness and injury should be available to all healthcare workers who may be called upon to treat emergency patients. There are a number of training programmes available, including the World Health Organization’s Integrated Management of Neonatal and Childhood Illnesses (IMNCI), the Emergency Triage Assessment and Treatment (ETAT) course, the Emergency Maternal and Neonatal Health (ESS-EMNH) and Emergency Child and Trauma Health (ESS-ECTH) courses of Maternal Childhealth Advocacy International (mcai.org.uk), and the Advanced Life Support Group (ALSG) courses (alsg.org).

Wherever there are unexpected emergencies, decisions have to be made about which patient is the most urgent one. Emergency healthcare is not offered on a ‘first come, first served’ basis. Those with the greatest need are treated first. This sorting system is called triage (for a detailed explanation, see Section 1.10).

Throughout this textbook, details of diagnoses and treatments, including practical procedures, for improving the care of patients with emergency healthcare needs can be found. In this section we now list the emergency equipment and drugs that are essential for providing this care.

Resuscitation equipment for the emergency room
Airway and breathing

- Suction apparatus:
  - wall, electrical or manual suction
  - Yankauer (adult and paediatric) and soft suction catheters
  - a manual suction device, for use by midwives.
- Face masks – adult, child, infant non re-breathing with reservoir bags (for delivering 100% oxygen).
- Self-inflating resuscitation bag with 500-mL (for infants and young children) and 1600-mL (for older children and adults) reservoir bags and face masks in a range of sizes (masks that are too large may be used inverted).
- Nasal cannulae for prolonged lower level oxygen delivery.
- Airway devices:
  - oropharyngeal airways in a range of sizes (000, 00, 0, 1, 2 and 3)
  - endotracheal tubes in a range of sizes (2.5–7.5 mm), and connectors.*
- Laryngeal masks (e.g. L-Gel Size 1, 1.5, 2, 2.5, 3 and 4).
- Laryngoscopes:*
  - adult curved and paediatric straight-bladed
  - spare bulbs and batteries.
- Magill’s forceps.*
- Cannulae for cricothyroidotomy.*

Circulatory access and bleeding control

- Peripheral vascular cannulae in a range of sizes (18–25G).
- Intravenous needles (16–18G) or EZ-IO drill with adult and paediatric needles.
- Sterile catheters 4, 5, 6.5, 8 Fr gauge 40 90 cm long (for suction, feeding, etc.) for umbilical access (for newborn), umbilical vessel dilator, and artery forceps.
- Central venous catheters.*
- Syringes, including a 50-mL syringe for fluid boluses, plus a three-way tap.
- Intravenous giving sets and graduated burettes.
- Condom catheter (see Section 2.5.D.iv).
- Cut-down instruments, scalpel and forceps.
1.23 Grief and loss in societies affected by conflict and disaster

Introduction

Why do we grieve? Wouldn’t life be much simpler if we did not experience all those painful emotions that occur when someone we love dies? Perhaps so – no weeping and wailing, no stoical silence, no anger and irritation, no smiling and carrying on as usual, no sudden flood of pain and memories to overwhelm and paralyse us, no rush of tears when we hear a familiar tune. That sounds much easier. The trouble is that grief is actually the price tag on another emotional experience, without which human life would be quite unbearable. We grieve because we love. Love is the essential emotion that keeps us connected and attached to family and friends and allows us to survive as rather puny animals in a hostile world. If we did not love we could not suffer loss, but neither could we survive in selfish isolation.

This section provides a brief introduction to understanding grief and loss in families living in societies affected by disaster and conflict, and offers some guidance on how to support these families. It will address the following questions:

- What is the impact of loss on individuals and groups in conflict and disaster settings?
- What is grief and how is it related to attachment?
- Is grief an illness?
- How does grief affect our health?
- When is grief abnormal?
- What is mourning and why does it matter?