

case, despite the fact that hematomas formed around the spleen in an early period after injury were almost identical in size.

Conclusions: The natural history of injuries to the liver or spleen is defined when healed conservatively.

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Influence of Emergency Department Visits on the Behaviour of Hypertensive Patients

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Objective: Hypertensive urgencies are a common problem in emergency departments. Causes of hypertensive urgencies are insufficient medication, incorrect ingestion of drugs, and lifestyle. The aim of this study was to evaluate if a stay in an emergency department can change the behavior of hypertensive patients with regard to blood pressure control, medication intake, and lifestyle.

Methods: In a retrospective study, all patients were evaluated who presented with hypertensive urgencies during the last three months. Three months later, each patient received a questionnaire with the following topics: changes in therapy; frequency of blood pressure (BP) control; and behavior.

Results: Seventy-three patients (37 male, 36 female; age 56–13 years) received the questionnaire. Within three weeks, 30 (41%) patients (17 male, 13 female; age 58–15 years) returned completed questionnaires.

	Yes n (%)	No n (%)
Physician visit	28 (93)	2 (0.7)
Therapy changes	27 (90)	1 (1)
Frequency of BP control	17 (57)	13 (43)
Behavior changes (smoking, stress, weight)	20 (66)	11 (34)

Conclusion: The patients returning the questionnaire seemed to be a positive, selected group of patients. Most of them visited a physician after this event and improved their medication intake. Changes in behavior and frequency of blood-pressure control were rare. It is assumed that long-term effects on behavior of hypertensive patients cannot be established. In conclusion, an enforced information about risks and consequences of hypertension seemed to be necessary to achieve long-term effects on behavior of hypertensive patients after a visit in an emergency department.

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Standing Orders: Does This System Decrease the Prehospital Care Error Rate?

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Objective: The aim of this study was to compare the error rates of physician medical commanders and paramedics before and after implementation of a standing-orders protocol system for patient care by paramedics.

Design: Physician review of prehospital trip sheet conducted prospectively as part of an ongoing quality assurance (QA) program.

Setting: An urban paramedic service in the northeastern United States.

Participants: A total of 2,001 advanced life support (ALS) run reports from the start date 1 April 1991 of the protocol system through 31 January 1992 were reviewed as part of the QA program.

Interventions: Errors in patient care (failure to administer an indicated treatment or medication or performing inappropriate or excessive treatment) by medical-command physicians and by paramedics were recorded. The errors were compared to the medical-command errors determined from a previous study encompassing transports from September 1988 through December 1990, at which time paramedics were required to obtain medical command for most treatments.

Results: Medical command errors decreased from 4.4% to 1.2% of runs after the standing-orders system was adopted. Paramedic error rates remained at <0.5% in both systems. Mean paramedic on-scene time interval decreased by 68 seconds with the standing-orders system.

Conclusions: Use of standing orders to direct initial patient care by paramedics resulted in a significant decrease in the treatment error rate by medical-command physicians, no change in the low paramedic error rate, and slightly decreased on-scene times. Use of standing orders may improve efficiency of prehospital care without compromising quality of patient care.

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Audit of Referral Practice to Radiological Department from an Emergency Ambulance

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Objective: Until now, the referral practice of an emergency department to the department of radiology had not been evaluated. The aim of this study was to work out the referral practice to the radiological department measured against the percentage of positive or negative radiological results.

Methods: The referral practice of the last six months was investigated with regard to chest x-ray, ultrasonography of abdomen and kidneys, and cranial axial tomography (CT) of the brain in 764 patients.