

Methodology: A comprehensive search is being done through MEDLINE, CDSR, and other electronically indexed databases, reference sections of primary studies, and consultations with experts in the field. Two investigators will independently evaluate titles, abstracts, and complete articles identified in the search for inclusion. The inclusion criteria are all adult trauma victims in prehospital settings who have received ETI versus BMV or other methods of ventilation. Outcome measures will include missed intubations, adverse events, and mortality.

The data will be summarized quantitatively if appropriate; subgroup or sensitivity analysis will be done. Reporting of methods will include a description of relevance of studies assembled for assessing the hypothesis to be tested, rationale for the selection and coding of data, documentation of how data were coded, assessment of confounding, study quality, blinding of quality assessors, stratification or regression on possible predictors of study results, heterogeneity and description of statistical methods used. Attempts will be made to detect publication bias using funnel plots.

Results: Data extraction is currently underway. The results of this study will be available and presented at the conference.

Conclusions: The study hopes to highlight the benefits and harms of prehospital ETI in a trauma setting.

Keywords: assessment; bag-and-mask ventilation (BMV); emergency care; endotracheal intubation (ETI); intubation; prehospital; trauma

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Emergency Department Thoracotomy: When Should One Quit?

N.A. Ahmed

Huron Hospital Cleveland Clinic Health System, Cleveland, Ohio

Introduction: Emergency department thoracotomy (EDT) is a desperate and invasive measure that may save lives in a small percentage of patients when performed appropriately.

Methods: In a level II trauma center with a high incidence of penetrating injuries, a three-year retrospective review was undertaken. From the trauma registry, 41 EDTs, performed for appropriate indications, were analyzed for wounding mechanism/agents and thoracotomy findings, and correlated with outcome measures, including response to resuscitation, operative repair performed, and survival.

Results: Overall mortality was 85%. Gunshot wounds that went through the heart had a survival rate of 0%. Excluding these patients, the survival rate of EDT was 22%.

Conclusion: EDT findings of gunshot wounds to the heart suggest that resuscitation efforts would be futile as none survived. For all other injuries, the expenditure of scarce resources is justified, since >20% of the patients can be salvaged.

n	Findings at EDT	OR	ICU	Discharged home
Gunshot wounds: 29	Heart tangential: 1	1	1	1
	Heart through ventricle (2 holes): 14	0	0	0
	Hilar/great vessels: 14	6	4	2
Stabs: 12	Heart (1 or 2 holes): 8	7	1	1
	Hilar/ great vessels: 4	3	3	2

Keywords: emergency departments; gunshot wounds; thoracotomy
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An Analysis of Prehospital Management Errors on Potentially Preventable Deaths in a Group of Trauma Patients

B. Badorwicz; M. Ciecielag-Solarz; C. Pakulski
Pomeranian Medical University, Poland

Objective: The study analyzed the effect of prehospital management errors on potentially preventable deaths in a group of trauma patients treated in the intensive care unit.

Methods: A retrospective analysis was performed on 206 patients admitted to the division of trauma at the Pomeranian Medical Academy in Szczecin, Poland, between 01 July 2001–31 December 2003. Prehospital management errors were analyzed and the impact of such errors on possibly preventable deaths was estimated.

Results: A total of 74 of 206 (36%) treated patients died. The main cause of trauma was road traffic injuries (71%). Among all deaths, 57 patients (77%) had multiple injuries, while 17 cases (23%) had single injuries. Of those cases, 36 (49%) were determined to have been preventable possibly.

The main types of prehospital management were delay in shock treatment (13 potentially preventable deaths), lack of traumatic pneumothorax treatment (12 potentially preventable deaths), unsuccessful neck stabilization (nine potentially preventable deaths), and delays in intubation and oxygen procedures (nine potentially preventable deaths).

Conclusions: The results show that prehospital management errors were most common in the group of patients with multiple injuries. Improving the quality of prehospital management could result in fewer complications and deaths.

Keywords: analysis; errors; management; Poland; prehospital; trauma
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Medical Control for Lifesavers in Japan

A. Kaji,¹ H. Tamiya,² T. Yoshida,² T. Murai,² Y. Matsuura,² K. Shimadzu,² U. Hiroaki,² M. Toshinori,² H. Rinka,² M. Kan,² Y. Inagaki,³ H. Arai³

1. Japan
2. Emergency and Critical Care Medical Centre, Osaka, Japan
3. Japan Lifesaving Association, Japan

In Japan, there are 1,332 beaches and approximately 20 million people visit them each summer. A total of 551 people were lost to drowning in 2001. Only 177 of these beaches are patrolled by about 5,000 lifesavers registered to the Japan Lifesaving Association (JLA).

Though lifesavers in Japan have been taking an important role as the first ring of the chain of survival on the waterfront, they have not been regulated by any medical protocols. Since the 1970s, the educational system for Japanese lifesavers has been introduced and developed under the strong influence of the Australian system, but there has been no supervision by medical doctors. Their technique for cardiopulmonary resuscitation (CPR) was well-trained, but was based on the standards established before the 2000 AHA Guidelines, and the CPR cases