

low diagnostic and therapeutic complexity, and the stays are estimated initially at <3 days. We assessed age, gender, occupation grade, pathology by RGD, procedures, mortality, number of reentries, and medicament-taking. The data were provided by Clinical Documentation and Pharmacy Services of Virgen del Rocío University Hospital.

**Results:** The number of admissions was 630, relative to 590 patients. The mean value for age was 75 years, and were predominantly female (59.3%). The mortality rate was 9%. The distributions of attended pathology was: shock and heart failure, 26.6%; angina pectoris, 10.6%; COPD, 11.5%; complicated simple pneumonia, 2.6%; breathing problems (excepting infections, asthma, and COPD) with main complications, 7.8%; uncomplicated heart attack (IM), 1.6%; complicated IM, 2.6%; congestive heart failure and pulse-rate alterations with main complications, 2.6%; and others, 34.4%. The mean value for a stay was 4.3 days, and the percentage of stays longer than 15 days was 5%. These patients had a high consumption of global stay (26.5%). These populations corresponding to stroke without family support, infected decubiti, retention of secretions and severe deterioration of patients with extenuating social problems. The hospital readmission rate was 3.2%. The resolution efficiency (discharge from hospital plus exitus) was 91.4%. The total cost of medicaments were 40,087e.

**Conclusions:** The Short Stay Unit is a highly productive unit that can be improved by using adaptation admission and has a great potential for growth.

**Key words:** activity; admission; critical care; emergency care; indicators; intensive care; pathology; short stay unit

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### Diagnosics Agreement at Discharge from Hospital With Thoracic Pain in a Hospital Emergency Service

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**Objective:** Identifying diagnostic agreement at discharges from the hospital of attended patients with atypical thoracic pain and stable angina pectoris at the Emergency Section relevant to Critical Care and Emergency Services.

**Methods:** Cross observance study about discharges with atypical thoracic pain and steady angina pectoris diagnostics, including resolved hemodynamic angina pectoris, for 7 weeks between 08 May and 25 June 2000. A database was designed to collect data from the clinic archives (vascular risk factors, complementary data requested, and destination of patient). Thirty days later, we conducted a telephone survey of all the patients included in the study. We assessed the decrease in cardiac causes or sudden death, admission by heart attack (IM), unstable angina pectoris, malignant pulse-rate alterations, consultation at the Emergency Service by the same reason with different diagnostics, and ischemic cardiopathy diagnoses at cardiology

outpatient departments.

**Results:** 106 discharges were reviewed: 93 of these had atypical thoracic pain, 9 had stable angina pectoris, and 4 had hemodynamic angina pectoris. The mean age was 52 years. 52% (56 cases) had no vascular risk factors, and only 6 cases had four factors: tobacco habit, high blood pressure, diabetes, and lipidoses. Rx thoracic was done to 83 patients (78.3%). Measurement of CPK blood levels were performed in 63 patients, and troponin blood levels only for 4 patients. There were three events: previous consultation with different diagnosis of atypical thoracic pain group, unstable angina pectoris, and death. The death occurred in a senile patient who had premorbidity factors.

**Conclusions:** The small number of events collected indicates an acceptable level of diagnostic agreement for thoracic pain at our Emergency Service, but we noted that EKGs are underused in this type of patient.

**Key words:** angina; atypical; chest; diagnosis; ischemia; pain; risk factors;

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### Proposal of Standardization Protocol Care of Abdominal Pain in Emergency Room

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**Introduction:** A patient arriving at the emergency room complaining of abdominal pain often represents a challenge for the physicians and the nursing staff. The most important aspect is the exclusion of certain pathologies and inclusion of others in order to establish the differential diagnosis.

**Objectives:** The objective of this work was to achieve a practical document regrouping the principal causes of abdominal pain, so as to orient the diagnosis in such a manner that is based on the anamneses of pain described.

**Method:** Theoretical research, inquiry in the opinion of patients suffering of abdominal pain, elaboration and testing of the anamneses document, and the gathering of commentaries from emergency nurses were used.

**Results:** The theoretical part of this work contains all of the pathologies that have an abdominal pain syndrome. The standard anamneses document for abdominal pain would permit one to target, in a structured manner, the appropriate questions to orient the diagnosis of a patient arriving at the emergency room for an abdominal pain syndrome.



SERVICE DES URGENCES  
ANAMNÈSE TYPE DOULEURS ABDOMINALES

ÉTOIQUETTE DU PATIENT

PLAINTES DU PATIENT

3. LOCALISATION ET ÉTENDUE  
- Localisation au début: A  
- Localisation maintenant: B  
- Irradiation: C

4. CARACTÉRISTIQUES DE LA DOULEUR

Type:  Comp de poignard  Crampes  
 Post-prandiale  Pré-prandiale  
 Gêné  Autres

Intensité:  Progressive  Dépressive  
 Intermittente  Persistante  
 Stationnaire  Autres

Durée: H y a ... heures (j) jours (s) semaines (m)

Déclenchement

Soulagement par

5. SYMPTÔMES

GENÉRAUX	GASTROLOGIQUES
Fatigue	Nausées
Transpiration	Vomissements
Fébrile	Constipation
Mécanisme	Diarrhée
Cyanose	Hématémèse
Dyspnée	Hématurie
Céphalée	Émiction
Tirage alvéolaire	Hématématurie
Perte de poids	Jaune
Abcès	GYNECOLOGIQUES
Palpitations	Achéronie
Lombalgie	Dysménorrhée
Dysurésie	Leucorrhée
URLOGIQUES	Ménorragie
Pyurie	Métronorragie
Miction douloureuse	Métronorragie
Bactériurie	Dysménorrhée
Nycturie	Œdème de chloïde
Pollakiurie	AUTRES:
Hématurie	
Émission	

not be identified, and their past medical history, treatments, and hospitalisation motives may remain unknown as is demonstrated in the following cases.

**Case 1:** A fire occurred at 03:00 hours, in a private hospital in the Seine-Saint-Denis area in France. Fifty-six persons were potentially poisoned by smoke inhalation including 4 patients with clinical signs of severity. The mean age was 72 years old. Six patients (11%) were not identified, including one comatose patient.

**Case 2:** A fire occurred at 04:00 hours, in a medicalised home for the elderly in the Seine-Saint-Denis area in France. Seventy-eight persons were potentially poisoned by smoke inhalation. Every patient was more than 71 years old; 7 patients died (9%), 12 patients were severely poisoned (15%) requiring intubation in 10 cases, and 14 more patients were admitted to the hospital. Ten patients (13%) were not identified, including 3 dead patients and 5 intubated patients.

In both cases, past medical history, treatments, and motives for hospitalisation were unknown because patient files were not accessible

Casualties	N	Unidentified		Total
		Dead	Intubated Others	
Case 1	56	0	1 5	6
Case 2	78	3	5 2	10

**Conclusion:** In both cases, the identification of the patients was difficult even though patients were alive and conscious. Although reliable methods exist for the identification of dead patients in case of a disaster, identification of hospitalised patients remains difficult when the patients are not able to identify themselves. Impairment of consciousness is not the only reason for this difficulty. In elderly people, patients suffering dementia were not identifiable. Identity bracelets associated with a chip or a bar code could be helpful in these situations. Furthermore, this identification method would be even more useful if it could give access to the patient's medical file. Indeed, in case of a disaster occurring in a hospital, medical care must take into account a patient's past medical history, hospitalisation motive, and current treatments. Only an accessible hospital data system in association with this identification system would be able to optimise a patient's care in case of disaster occurring in a hospital.

**Key words:** disaster; elderly; hospital; identification; living; medical records; patients; system  
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**Conclusions:** This is a vast subject that is difficult to comprehend in a short period of time. However, the crucial basic analysis was brought into more easily understood proportions, by the nursing staff.

**Key words:** abdominal pain; diagnosis; differential; protocol; syndrome  
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### Difficulties with Identification of Living Patients after Fires in a Hospital

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**Introduction:** Identification of patients in cases of disaster is a currently studied problem and most studies have been based on dead patients. Many identification systems have been suggested in order to centralize patient hospital files. However, in cases of an emergency or disaster event occurring in an hospital, some patients may still be alive but may

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