

aster management taskforce. The average time to reach the incident scene was under 24 hours, but the command system implemented was not satisfactory. Overall performance of the responses was acceptable.

Discussion: Although disaster management has been formed legally in Iran, inappropriate planning and lack of desired coordination between main parts of this system caused a series of problems in the response to disasters to emerge. An evaluation of responses to disasters can provide a lesson learned from disasters that can be used to improve the system performance.

Keywords: disaster; disaster management system performance; expert experience; Iran; lessons learned

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(146) Management of a Drug Packer in Emergencies

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Police referred a 40-year-old male to the hospital because they suspected he consumed balls of cocaine. The patient stated that he is not a drug abuser. Upon his arrival to the hospital, he presented in a good general state, and he spontaneously defecated 27 balls of cocaine. During his stay in the hospital, he presented with psychomotor agitation, with tonic movements. The patient's condition was upgraded to critical following the intravenous administration of midazolam to control his seizures. The results of his analytic tests were normal, except his urine tested positive for cocaine. A TAC was performed and no pathological findings were identified.

Two hours later, the patient presented with a new tonic-clonic crisis and relaxation of his sphincters. Benzodiazepines were administered intravenously, and anti-hypertensive treatment was provided. He was intubated, and an urgent laparotomy was performed to remove more cocaine balls—42 additional foreign bodies were extracted.

The patient was transferred to the intensive care unit for constant observation, since the electrocardiogram was marked by elevation of the ST segments, a right bundle branch block, and supraventricular tachycardia. These conditions improved following the administration of phentolamine, and sedation. The positive levels of cocaine in his urine persisted.

Due to the patient's progress, sedation was ceased, and the endotracheal tube was removed, which presented new episode of psychomotor agitation that again required sedation. After experiencing a few seconds of intense bradycardia and asystole that did not respond to advanced cardiopulmonary reanimation, he died.

Keywords: cocaine; drug packer; emergency; illegal drugs

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(147) One Decade of Acute Poisonings in Emergencies

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Objectives: The objective of this study was to examine the profile of patients presenting to the emergency department in the last ten years, after having been in contact with a toxic substance.

Methods: An observational, descriptive, prospective study of patients cared for in the emergency department with a pathology related to toxics was performed.

Results: A total of 9,321 patients (1% of the total number presenting to the emergency department) were examined. A total of 66% were men, and 34% were women. The average patient age was 33 years. The most frequent type of poisoning was overdose (58%), autolítica (22%), and domestic (10%). The implied causes were medicines (29%), drugs (64%), and the other toxic substances (13%). Drugs were associated in 8%, with alcohol (57%) and benzodiazepines (15%), the most frequently seen. The toxin was administered orally in 77%, inhaled in 6%, administered parenterally in 3%, and administered cutaneously in 1%. Samples were gathered in 67% of the cases. They presented/displayed clinically in 71% (neurological with more frequency). An evacuator treatment was used in 19%, and an eliminator in 0.4%. A total of 0.4% of the patients passed away.

Conclusions: Acute poisonings in are infrequent. An average poisoning victims is a 33-year-old man, usually with alcohol poisoning, with neurological clinic. Outcomes usually are favorable. A total of 10% of the patients are poisoned by drugs.

Keywords: acute poisoning; emergency

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(148) Glass Foreign Body in Soft Tissue: Possibility of High Morbidity due to Delayed Migration

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Introduction: Some embedded foreign bodies (FBs) cause complications, whereas others remain asymptomatic and undetected.

Case Report: A 32-year-old man presented to the emergency department complaining of back pain in the area of a subcutaneous lump that had migrated toward the midline during the previous two weeks—nearly 25 cm from its former location. Twelve years earlier, after falling onto a glass door which shattered, he had gone to a local emergency department and had his wound sutured (no x-rays were taken). Within a few months, he noticed a lump near his scapula, but he did not relate it to the fall and it was not bothersome. A physical examination revealed a normal neurological examination and a palpable mass in the right paraspinal area at the level of the 10th thoracic vertebra. An x-ray showed a 34 mm long sharp