

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

density in the vicinity of the spinal canal near T10. For nearly two hours, efforts were made to identify and remove the FB. These efforts were unsuccessful. The following day, a 4 x 6 x 34 mm sharp glass fragment was removed under fluoroscopy in the operating room.

Conclusions: Patients with glass FBs in soft tissues that are missed in the emergency department have a high risk of mortality and morbidity related to migration in the late period according to their location and form. Widespread use of ultrasound by emergency physicians and training programs have the potential to reduce the significant morbidity, costs, and risk to be exposed to radiation, and they provide the possibility to determine and remove missed FBs in early stages.

Keywords: emergency department; foreign body; glass; hospital; soft tissue injuries

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(149) How to Improve Assessment of Tetanus Immunity in the Emergency Room: A Prospective Cost-Effectiveness, Double Blind Study

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Background: In case of injury, the choice of prophylaxis against tetanus depends on the patient's vaccination history, which may be unreliable. In order to improve the evaluation of tetanus immunity, the use of a rapid immunoassay (Tetanus Quick Stick®, (TQS)) as well as some demographic characteristics are helpful to avoid inadequate prophylaxis and cost.

Objective: The objective is to evaluate the contribution of TQS to the choice of prophylaxis, and to perform a cost-effectiveness analysis. The final purpose is to define the place of TQS in a modified algorithm for emergency room (ER) assessment of tetanus immunity.

Method: In a Belgian multicentric, prospective, double-blind study, 611 adult patients with injuries were included in five centers; 507 (83%) of the records were valid. The TQS was performed by a nurse before the vaccination history and the choice of prophylaxis was made according to the official algorithm by a doctor who was unaware of the TQS result.

Results: Overall, seroprotection was 74.1%, but this varied significantly among centers from 58.2 to 84.0% ($\chi^2 < 0.001$). Immunity decreased with females and with increasing age. Protection according vaccination history was negative or unknown in 33.9% of patients and positive in 66.1%, with 57.9% and 82.1% positive TQS, respectively. Cost-effectiveness analysis suggests a 25% economy by using the test in patients <60 years of age, with injuries at risk and negative or unknown vaccination history.

Conclusion: In selected patients, TQS is a cost-effective tool to evaluate tetanus immunity. An algorithm is proposed for ER assessment of tetanus immunity which integrates age and TQS result.

Keywords: algorithm; cost-effectiveness; prophylaxistetanus; vaccination

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(150) Are Initial pH Levels and Sodium Bicarbonate Administration Related in the First Return of Spontaneous Circulation in Out-of-Hospital Cardiac Arrest Patients?

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Objective: The relationship between initial pH levels and sodium bicarbonate administration with first return of spontaneous circulation (ROSC) in out-of-hospital cardiac arrest (OHCA) patients in the emergency department (ED) was assessed.

Methods: A one-year, retrospective, cohort study was conducted. Patients with OHCA were recruited from 01 January 2005–31 December 2005. All eligible subjects in the ED were stratified into two groups if there was ROSC. Baseline characteristics were registered before ROSC; these included: age; gender; medical history; initial electrocardiographic rhythm; beginning time of cardiopulmonary resuscitation (CPR); and advanced cardiac life support (ACLS); beginning time of first dose of epinephrine and bicarbonate; total doses of epinephrine and sodium bicarbonate; and initial pH value. Analysis of the differences between groups were tested using an independent *t*-test on continuous data or a Chi-Square test in categorical data.

Results: A total of 90 eligible subjects (48 men and 42 women, mean age: 67.1 ±18.2 years) were recruited. The gender, percentages of sodium bicarbonate administration, initial rhythm of cardiac arrest, beginning time of CPR and ACLS, beginning time of first epinephrine, and total doses of epinephrine, were similar between groups. The initial pH value of the ROSC group was higher than those without: 6.990 ±0.224 vs. 6.87 ±0.253. The total dose of sodium bicarbonate administration was higher in the ROSC group compared to those without: 1.84 ±3.11 vs. 0.8 ±1.98.

Conclusions: A high initial pH level in the ED is an important predictor of ROSC in patients with OHCA.

Keywords: cardiac arrest; emergency department; epinephrine; pH levels; sodium bicarbonate; spontaneous circulation

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(151) Management of the Airplane Crash in Marathon (Helios Airlines)

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Objective: Present of the management of a major accident with mass injuries.

Conditions: On the 14 August 2005, a Cypriot airlines "Helios" passenger airplane crashed in the region of Marathonas. The NCHS received a briefing on the incident and was called to manage a sudden-onset incident, which consisted of an unknown number of heavily injured or dead people. It also was called on to coordinate the involved institutions, with the objective of treating the most injured people, the management of the dead, and the psychological support of relatives and friends of the victims.