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Comparison of trauma patients with or without runoff in angiographic findings

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Introduction: Arterial trauma is one of the serious traumatic injury and its prognosis was related to prompt diagnosis and treatment. Also investing about angiographic findings of arterial injury and their influence on treatment strategy and prognosis is necessary.

Patients & Method: Mechanism of trauma, type of injury and angiographic findings were recorded in questionnaire for each patient when they referred to angiography department and after completion of treatment and discharge, treatment type was added.

Results: In this study, 148 traumatic patients including 15 female with the mean age of 32 (11-82 years) were evaluated. Abnormal angiographic findings were seen in 99 (66.9%) patient including: cutoff with distal runoff (n=60, 60.6% of abnormalities), cut off without distal runoff (n=21, 21.2%) and spasm (n=14, 14.1%) and other findings (n=4, 4%). 51 cases were treated with open surgery and in 13 patients finally amputation of traumatic limb was done. Amputation rate was higher in patients with cutoff without runoff (33.33%) than cutoff with runoff (6.78%).

Conclusion: Causes and types of traumatic arterial injury in our results were different with studies in other countries. Compared with final result of angiography (normal and abnormal) and arterial name, angiographic findings were less important in prognosis and selection of patient management. Patients with spasm in angiography had better prognosis than other abnormal patients and almost always did not need vascular surgery. The presence or absence of distal run off in primary angiography has predictive value in final amputation rate.

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A nationwide survey of Thailand emergency departments triage systems

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This rapid survey study was to assess the current status and illustrated the problem of Thailand emergency department triage systems. The subjects were 178 registered nurses on emergency department in tertiary hospitals of ministry of public health and university. The research instruments were personal information, a survey questionnaire and structured interview questions. The data were analyzed using Chi-square test, Fisher exact probability test and content analysis. The results show almost all hospitals have a triage zone (87.9%) where the assignment was mainly done by a nurse (98.3%). In order to assess and identify the priority of the patient's need for medical treatment, most hospitals (75.8%) use the emergency severity index (ESI) approach to classify patients into five levels with different colors. Following the ESI approach, some hospitals (15.2%) may also classify the triage into three, four, five levels with different conventional classifications both symbols and colors. When inspecting the triage system of the emergency department services, region 13 had the most variety, the triage system in regions were significantly different ($p < 0.05$). The difference in the staff knowledge and experience influences the triage quality to be under or over triage. Frequent complaints are made from the patient about long waiting time, despite having publicized that the treatment is prioritized on the severity of patient injuries. It is suggested to improve classification into five levels based on ESI approach to classify emergency patients, flexibility according to the readiness in each region.

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