

PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe

Volume 9, Number 4

October–December 1994

Original Research

Standing Orders Versus Direct Medical Command
Job Injuries of Urban Providers
Liability Litigation in EMS
Emergencies in the School Setting
Outcome When Limiting Use of "Lights and Siren" Transport
Arrival-to-Patient Contact Interval
Endotracheal Intubation by Basic EMTs

Special Reports

Critical Thinking in the Paramedic Curriculum
EMS Systems in the U.S. and China

Brief Reports

Outcome After Air Medical Transport for Intracranial Bleeding
Perceptions of a Rural EMS System

Continuing Education

Earthquakes

The Official Journal of the
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9th WORLD CONGRESS ON EMERGENCY AND DISASTER MEDICINE

JERUSALEM, ISRAEL, MAY 28 - JUNE 2, 1995

Under the auspices of:

The World Association for Disaster and Emergency Medicine
Association Mondiale pour la Medecine de Catastrophe et D'Urgence
(founded in 1976 as the Club of Mainz)

Dear Friend and Colleague,

During the 7th World Congress on Emergency and Disaster Medicine in Montreal, it was decided that the 9th Congress will be held in Jerusalem, Israel on May 28–June 2, 1995. The Congress will focus on the interdisciplinary approach to disaster planning and management, facilitating exchange of views and experience between members of rescue, security, community and medical services.

The Motto of the Congress will be “Integration of Agencies—The Key for Successful Management of Disasters.” The latest experiences in civil strife, war situations, industrial, transportation and natural disasters will be presented and discussed, with active participation of Congress members in “Table Top Exercises.”

Jerusalem is a nodal point of history, both ancient and modern, and the birthplace of three great religions. Rich in archaeology, art and culture, and blessed with exquisite natural beauty and an ideal Mediterranean climate, it is perfect place to combine science and travel.

Here is an opportunity of a Lifetime! We look forward to welcoming you to Israel in 1995.

Dr. Y. Adler

Chairman, Organizing Committee

MAIN TOPICS

- A. Different disasters and man-made accidents
 - Famine and Disease
 - Earthquakes
 - Floods
 - War and terrorist activities
 - Transportation accidents
 - Industrial (hazmat) incidents
- B. Cooperation and coordination between all participating agencies, bodies and organizations at the disaster site
 - To be presented by a field exercise on the last day of the Congress.
- C. Education of the general public
- D. Exhibitions including audio and visual means, computer self teaching program in rescue techniques etc. to be presented at the venue.

FOR ANY FURTHER INFORMATION, PLEASE CONTACT:

9th WORLD CONGRESS ON EMERGENCY AND DISASTER MEDICINE

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January 20-22, 1995

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- ❖ Pediatric Instructor Course - EMT- Basic Curriculum
- ❖ Team Rollout - EMT-Basic Curriculum



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CLINICAL PHARMACOLOGY: Epinephrine is a sympathomimetic drug, acting on both alpha and beta receptors. It is the drug of choice for the emergency treatment of severe allergic reactions (Type 1) to insect stings or bites, foods, drugs, and other allergens. It can also be used in the treatment of idiopathic or exercise-induced anaphylaxis. Epinephrine when given subcutaneously or intramuscularly has a rapid onset and short duration of action.

INDICATIONS AND USAGE: Epinephrine is indicated in the emergency treatment of allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis. The EpiPen Auto-Injector is intended for immediate self-administration by a person with a history of an anaphylactic reaction. Such reactions may occur within minutes after exposure and consist of flushing, apprehension, syncope, tachycardia, throaty or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, wheezing, dyspnea due to laryngeal spasm, pruritis, rashes, urticaria or angioedema. The EpiPen is designed as emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.

CONTRAINDICATIONS: There are no absolute contraindications to the use of epinephrine in a life-threatening situation.

WARNINGS: Epinephrine is light sensitive and should be stored in the tube provided. Store at room temperature (15°-30°C/59°-86°F). Do not refrigerate. Before using, check to make sure solution in Auto-Injector is not discolored. Replace the Auto-Injector if the solution is discolored or contains a precipitate. Avoid possible inadvertent intravascular administration. Select an appropriate injection site such as the thigh. **DO NOT INJECT INTO BUTTOCK.** Large doses or accidental intravenous injection of epinephrine may result in cerebral hemorrhage due to sharp rise in blood pressure. **DO NOT INJECT INTRAVENOUSLY.** Rapidly acting vasodilators can counteract the marked pressor effects of epinephrine.

Epinephrine is the preferred treatment for serious allergic or other emergency

situations even though this product contains sodium metabisulfite, a sulfite that may in other products cause allergic-type reactions including anaphylactic symptoms or life-threatening or less severe asthmatic episodes in certain susceptible persons. The alternatives to using epinephrine in a life-threatening situation may not be satisfactory. The presence of a sulfite in this product should not deter administration of the drug for treatment of serious allergic or other emergency situations.

Accidental injection into the hands or feet may result in loss of blood flow to the affected area and should be avoided. If there is an accidental injection into these areas, go immediately to the nearest emergency room for treatment. EpiPen should ONLY be injected into the anterolateral aspect of the thigh.

PRECAUTIONS: Epinephrine is ordinarily administered with extreme caution to patients who have heart disease. Use of epinephrine with drugs that may sensitize the heart to arrhythmias, e.g., digitalis, mercurial diuretics, or quinidine, ordinarily is not recommended. Anginal pain may be induced by epinephrine in patients with coronary insufficiency. The effects of epinephrine may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) body weight may be theoretically at greater risk of developing adverse reactions after epinephrine administration. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis. Therefore, patients with these conditions, and/or any other person who might be in a position to administer EpiPen or EpiPen Jr. to a patient experiencing anaphylaxis should be carefully instructed in regard to the circumstances under which this life-saving medication should be used.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Studies of epinephrine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted.

USAGE IN PREGNANCY: Pregnancy Category C: Epinephrine has been shown to be teratogenic in rats when given in doses about 25 times the human dose. There are no adequate and well-controlled studies in pregnant women. Epinephrine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

PEDIATRIC USE: Epinephrine may be given safely to children at a dosage appropriate to body weight (see Dosage and Administration).

ADVERSE REACTIONS: Side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness,

weakness, tremor, headache, apprehension, nervousness and anxiety. Cardiac arrhythmias may follow administration of epinephrine.

OVERDOSAGE: Overdosage or inadvertent intravascular injection

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General Information

Four finalists will be selected, and papers presented at a special showcase session at the NAEMSP Annual Meeting. The meeting will take place in Naples, Florida, January 19-22, 1995, at the Registry Resort. The first place winner will receive a \$2,000 cash award and a plaque. The three runners-up will each receive \$1,000 and a plaque.*

Finalists must present their papers at the meeting to win the awards. Finalists may have presented at another meeting as well.

Submission Deadline

Abstracts must be submitted on the official abstract form and must be received (not postmarked) by November 15, 1994 at the NAEMSP National Office. To obtain official abstract forms, please call the NAEMSP Office at (412) 578-3222.

Criteria

Eligible abstracts must pertain to brain resuscitation, and can be either basic science or clinical research. Topics include, but are not limited to:

- ▶ Global Ischemia/Cardiac Arrest
- ▶ Shock/Low Flow States
- ▶ Head Trauma
- ▶ Stroke/Focal Ischemia
- ▶ Intracranial Hemorrhage

Eligibility

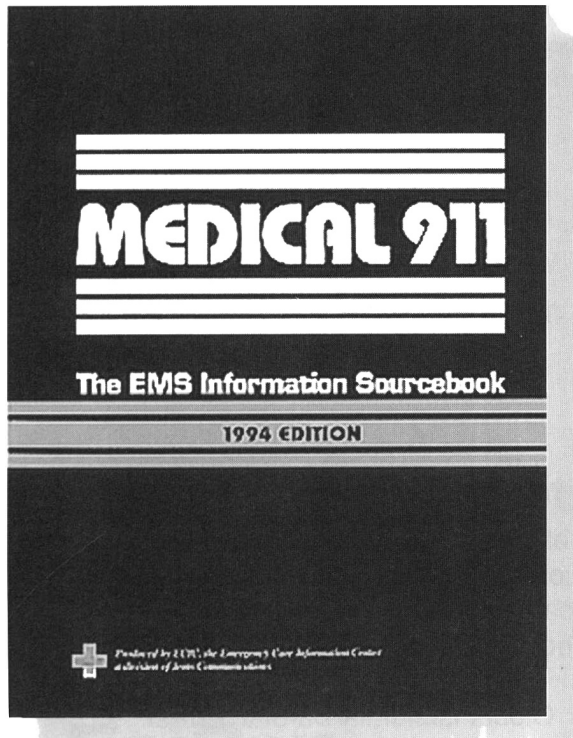
Abstracts may be new or may have been previously presented provided they were presented after January 1, 1993 and have not been published in manuscript form by January 1995.

**This award has been made possible through an educational grant given by The Upjohn Company.*

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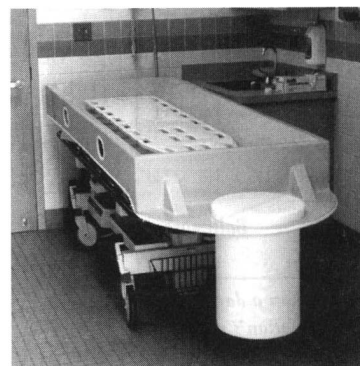
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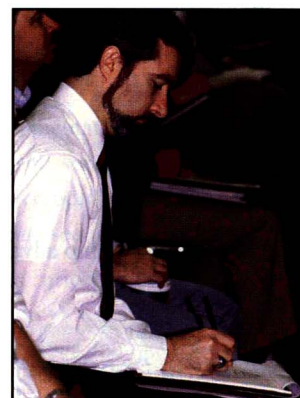
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