

PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe

Volume 10, Number 1

January–March 1995

ORIGINAL RESEARCH

Refusal of Transport
Out-of-Hospital Deliveries
Accidents/Injuries of EMS Workers
Outcome in Urban Pediatric Trauma System
Transport Times for Trauma Patients
Fatalities and Pedestrian Intoxication

SPECIAL REPORTS

Complex Humanitarian Emergencies
Concepts and Participants
Medical Liaison and Training
Measures of Effectiveness

BRIEF REPORTS

Portable Equipment
Intraperitoneal Rehydration

CASE REPORT

Resuscitation from Profound Hypothermia

CONTINUING EDUCATION

Natural Hazards: Tsunamis

ABSTRACTS

Disaster Medicine Issues
14–15 October 1994
Albuquerque, New Mexico

The Official Journal of the
National Association of EMS Physicians and the
World Association for Disaster and Emergency Medicine
in association with the
National Association of State EMS Directors

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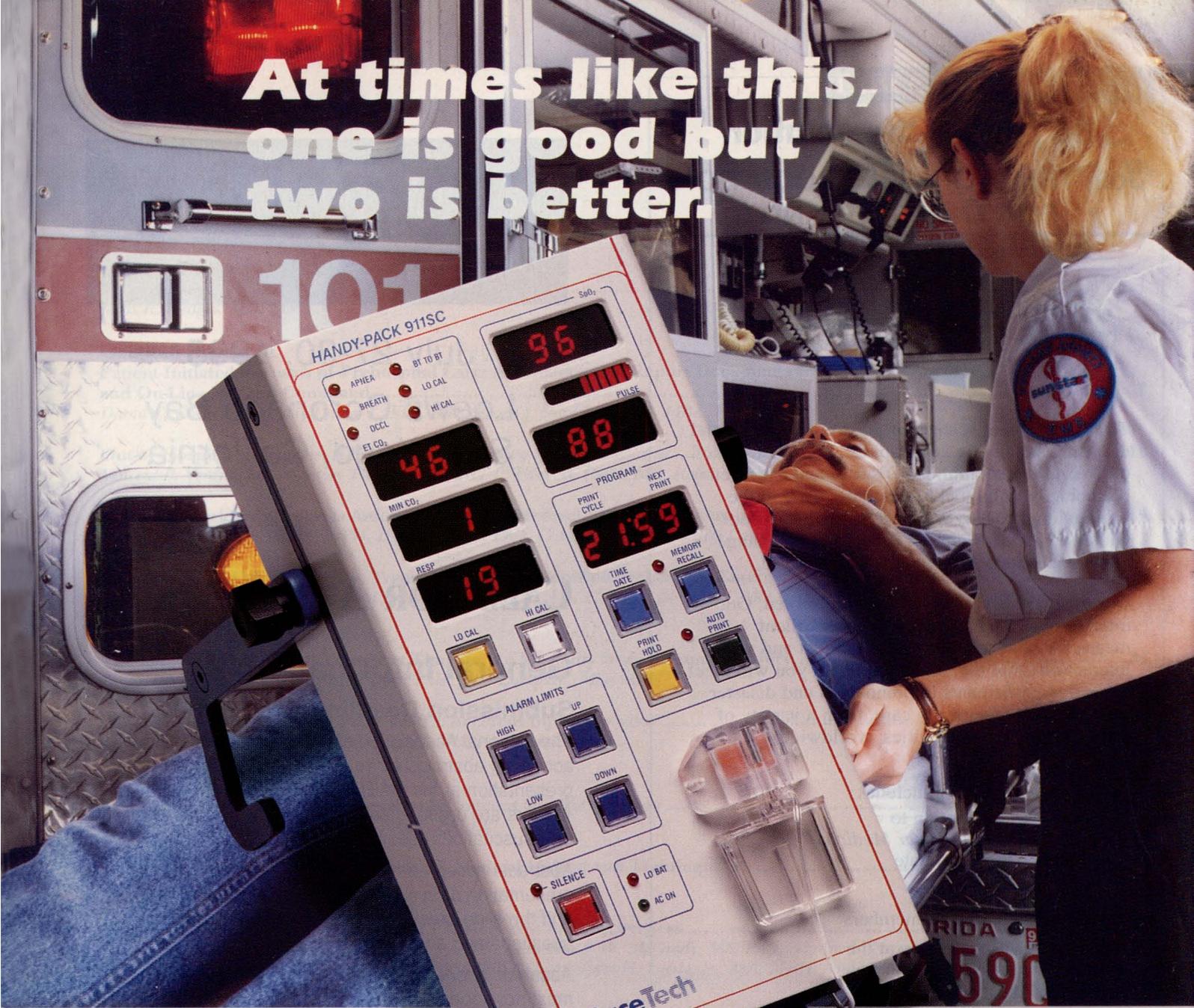
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General Information

Submission Deadline: May 1, 1995

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentation at the NAEMSP 1995 Mid-Year Meeting. Authors are urged to submit original work involving EMS or resuscitation research.

Abstracts accepted will be delivered in either a poster presentation or in a 10 minute oral slide presentation and the slide presentation will involve 5 minutes of questions and answers in a general session format.

Abstracts submitted and accompanying manuscript must not appear in a refereed journal prior to the publication of the meeting abstracts in *Prehospital and Disaster Medicine* and they must not have been presented previously at a national meeting.

All abstracts must be submitted on the official abstract form, and must be received no later than **May 1, 1995**.

Cash Award Information

Cash awards will be given for the Best Resident/Fellow Presentation, Best Scientific Presentation, and Best Poster Presentation. Awards will be presented at the 1995 Mid-Year Meeting.

To obtain official NAEMSP abstract forms, call the National Association of EMS Physicians at (412) 578-3222.

Editor's Corner	
Preparing for the Future	1
<i>Jerris R. Hedges, MD, MS</i>	
Original Research	
Patient-Initiated Refusals of Prehospital Care: Ambulance Call Report Documentation, Patient Outcome, and On-Line Medical Command	3
<i>David C. Cone, MD, EMT, David T. Kim, MD, Steven J. Davidson, MD, MBA, FACEP</i>	
Out-of-Hospital Deliveries: A Five-Year Experience	10
<i>Vincent P. Verdile, MD, Gregory Tutsock, BS, EMT-P, Paul M. Paris, MD, Robert A. Kennedy, BS, EMT-P</i>	
Review of Accidents/Injuries Among Emergency Medical Services Workers in Baltimore, Maryland	14
<i>Robyn R.M. Gershon, MHS, DrPH, David Vlahov, PhD, Gabor Kelen, MD, Bruce Conrad, EMT-P, Larry Murphy, PhD</i>	
Outcome in an Urban Pediatric Trauma System with Unified Prehospital Emergency Medical Services Care	19
<i>Michael J. VanRooyen, MD, Edward P. Sloan, MD, MPH, FACEP, John Al Barrett, MD, FACS, Robert F. Smith, MD, MPH, Herman M. Reyes, MD, FACS</i>	
The Effect of Prehospital Transport Time on the Mortality from Traumatic Injury.	24
<i>Roland W. Petri, MD, MPH, Alan Dyer, PhD, John Lumpkin, MD, MPH</i>	
Pedestrian Intoxication and Fatal Traffic Accident Injury Patterns	30
<i>James S. Williams, MD, Jonathan A. Graff, MD, Justin M. Uku, MD</i>	
Special Reports	
Complex, Humanitarian Emergencies: I. Concept and Participants	36
<i>Frederick M. Burkle, Jr., MD, MPH, FAAP, FACEP</i>	
Complex, Humanitarian Emergencies: II. Medical Liaison and Training	43
<i>Frederick M. Burkle, Jr., MD, MPH, FAAP, FACEP</i>	
Complex, Humanitarian Emergencies: III. Measures of Effectiveness	48
<i>Frederick M. Burkle, Jr., MD, MPH, FAAP, FACEP, Katherine A.W. McGrady, MS, PhD, Sandra L. Newett, MS, John J. Nelson, BS, MA, Jonathan T. Dworken, BSFS, MA, William H. Lyerly, Jr., MA, MPH, Andrew S. Natsios, MPA, CDR. Scott R. Lillibridge, USPHS</i>	
Brief Reports	
The Use of Intraperitoneal Infusion for the Outpatient Treatment of Hypovolemia in Somalia	57
<i>Michael J. VanRooyen, MD, Julia B. VanRooyen, MD, Edward P. Sloan, MD, MPH, FACEP</i>	
Case Report	
Successful Resuscitation of a Child with Severe Hypothermia after Cardiac Arrest of 88 Minutes	60
<i>U. Schmidt, K.W. Fritz, W. Kasperczyk, H. Tscherne</i>	
Book Reviews	
Glucagon in Acute Medicine: Pharmacological, Clinical, and Therapeutic Implications	63
<i>Sandra M. Schneider, MD, FACEP</i>	
Pediatric Emergency Care Systems: Planning and Management	64
<i>Richard A. Narad, DPA</i>	

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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.

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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 anteriolateral 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

may cause cerebral hemorrhage resulting from a sharp rise in blood pressure. Fatalities may also result from pulmonary edema because of peripheral vascular constriction together with cardiac stimulation.

DOSEAGE AND ADMINISTRATION: Usual epinephrine adult dose for allergic emergencies is 0.3 mg. For pediatric use, the appropriate dosage may be 0.15 or 0.30 mg depending upon the body weight of the patient. However, the prescribing physician has the option of prescribing more or less than these amounts, based on careful assessment of each individual patient and recognizing the life-threatening nature of the reactions for which this drug is being prescribed. With severe persistent anaphylaxis, repeat injections with an additional EpiPen may be necessary.

HOW SUPPLIED: EpiPen and EpiPen Jr. Auto-Injectors are available singly or in packages of twelve.

CAUTION: Federal (U.S.A.) law prohibits dispensing without a prescription. Issued: April 1992

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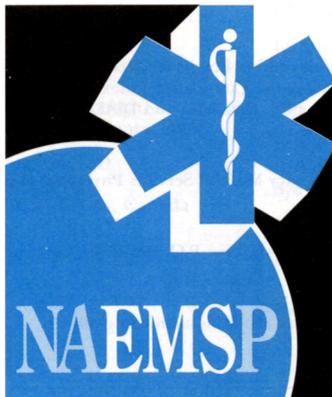
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call (412) 578-3222.*

Continuing Education

Natural Hazards: Causes and Effects

Lesson 3—Tsunamis	66
<i>Eddie Perez, Paul Thompson</i>	

Abstracts of Scientific Papers	S1
--------------------------------------	----

Calendar	17
----------------	----

Guidelines for Authors	20
------------------------------	----

Guidelines for Advertisers	62
----------------------------------	----

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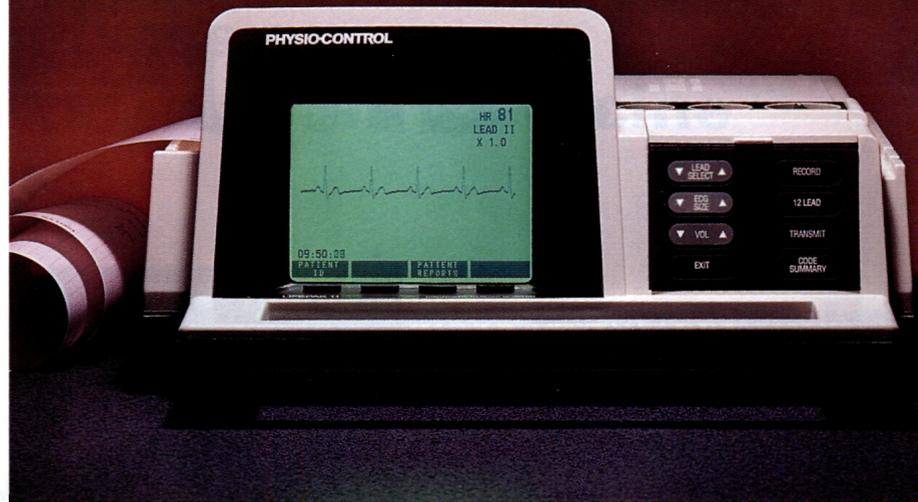
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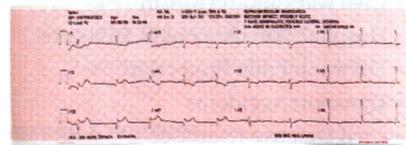
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Rapid identification and treatment is the key factor identified by the National Heart Attack Alert Program in reducing the damage of acute myocardial infarction.

The LIFEPAK 11 diagnostic cardiac monitor gives identification a head start, putting transmittable 12 lead ECG capability in the field, a timesaving link in prehospital-hospital teamwork.

Field tough and easy-to-use, the LIFEPAK 11 monitor features interpretive 12 lead capability and utilizes cellular technology to allow you to transmit ECG and event data files to the emergency department before or during transport.

With diagnostic-quality data in hand, the hospital team can diagnose and direct further care of the patient during transport and prepare for the patient's arrival.

Developed expressly to aid in shortening time to treatment, the 11 features recognizable 12 lead format, expanded data collection and storage, multipurpose patient cable, and CODE SUMMARY™ critical event record.

The LIFEPAK 11 diagnostic cardiac monitor puts teamwork on the patient's side against AMI.

I N T R O D U C I N G



LIFEPAK® 11
diagnostic cardiac monitor

USA Customer Support Center 800.442.1142, USA Fax 206.867.4146,
Corporate Headquarters 206.867.4000, International Fax 206.885.6507

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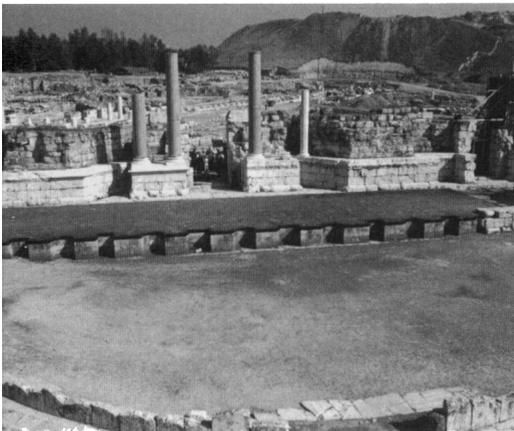
See JERUSALEM

In 1995, Jerusalem is the site for the biannual Congress of the World Association for Disaster and Emergency Medicine (WADEM). Every two years WADEM brings together the leading exponents of emergency medicine, disaster management, international relief, and related professions to discuss issues of mutual concern.

This is a fine opportunity for all persons, medical or non-medical, to participate in an international forum that provides an interdisciplinary approach to disaster planning and management, and facilitates exchanges between members of rescue, security, community, and medical services.

It also is an opportunity for exploration and wonder. Ask about pre- and post-conference tours!

"In 4,000-year-old Jerusalem the past and present of the country caught up with us... the narrow Arab alleyways and new Jewish quarter to the Wailing Wall and the the Church of the Holy



Tel Beit She'an is the site of the best-preserved Roman amphitheatre in Israel, which once seated 6,000 spectators.



St. Anne's Church, located in the Muslim Quarter of Jerusalem, was built in 1140 and is noted today for its exceptional acoustics.

Sepulchre, the church of Christ the peacemaker, in which six sects wage their cold war.

"In the ghetto of the orthodox Jews I felt like an extra in a medieval film, between the black-clad men with their ringlets on their temples, the children in their old-fashioned clothing, which in the summer heat bared only their head and hands to the air. My friend ... took me up the Mount of Olives because she wanted to show me the truly golden light of the evening over the city so that I would understand why here everyone felt nearer to their god than anywhere else."

Marlies Menge

The Negev Is Desert Enough, 1981

Oral Presentations, Roundtable Sessions and Workshops include:

- Lessons from Yugoslavia
- Industrial Hazmat Incidents
- Coordination of Community Emergency Services
- War Injuries/Refugee Management

- Environmental Hazards
- Integrated Disaster Exercises
- Natural Disasters
- Civil Wars and Terrorism
- Hospital Management in Disasters
- Environmental Protection
- Transport Accidents
- Civil Defense Exercises

A professional exhibition of emergency and medical equipment will be held concurrently with the Congress.

Come to Jerusalem, Israel, in 1995 to enjoy an important exchange of ideas with your colleagues—and take advantage of the pre- and post-conference tours of the area:

Saturday, May 27

Full day tour of the Dead Sea and the site at Masada. We will travel through the hills of the Judean Desert, passing the town of Ma'aleh Adumim on the way to the Dead Sea. Cable cars take us up the Masada. Later, enjoy the Thermal Baths and lunch at Ein Gedi Spa.

and participate in the 9th World Congress on Emergency and Disaster Medicine May 28–June 2, 1995



Sunday, May 28

Jerusalem and Bethlehem

Travel along the ancient walls of the Old City and enter through the Jaffa Gate. Walk through the Armenian and Jewish Quarters, to the Western Wall and on to the Temple Mount. Visit the Christian Quarter, Via Dolorosa and Church of the Holy Sepulchre. Continue to Yad Vashem, memorial of the Jewish Holocaust and finally, Bethlehem and the Church of the Nativity.

Friday-Sunday June 2-4

Two days and nights in Galilee

Friday: Jericho, Beit She'an, Nazareth and Tiberias. Overnight in Galilee.

Saturday: Capernaum, Tabgha, boat ride across the Sea of Galilee, Caesarea. Overnight in Tel Aviv.

Congress Location

The Jerusalem Renaissance Hotel, Jerusalem
Tel: 972 2 528111 Fax: 972 2 511824

Hotel and Tour Registration

U.S. only

Gil Travel

1617 JFK Blvd. Philadelphia, PA 19103
215/586-6655 Fax: 215/568-0696
800/223-3855

Europe and elsewhere

Kenes Tours

P.O. Box 50006 Tel Aviv, 61500 Israel
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To register, please use the form at right.

REGISTRATION FORM

9th World Congress on Emergency and Disaster Medicine

Jerusalem, Israel, May 28–June 2, 1995

Surname _____
Please type or print in block letters

First Name(s) _____

Title: Prof. Dr. Mr. Mrs. Ms.

Address _____

Country _____

Telephone _____

Fax _____

Names(s) of accompanying person(s) _____

I enclose herewith US\$ _____ or equivalent

Cheque No. _____ Bank _____
made payable to: *9th World Congress on Emergency and Disaster Medicine*

I have made a bank transfer of US\$ _____ through
Bank Leumi Le'Israel, Gan Ha'Ir Branch, Tel Aviv, Israel
Account Number 816-569 37/34

Payment by credit card: Visa MasterCard Diners Club

Name as shown on card _____

Card Number _____ Expire date ____/____/____

In payment of registration fees, as follows: Until Feb. 28, 1995 From March 1, 1995

Participant US \$410 US \$450

Accompanying Person US \$120 US \$140

Festive Farewell Dinner (per person) US \$60 US \$60

Signature _____ Date ____/____/____

Return by airmail to:

Secretariat

9th WADEM World Congress

P.O. Box 50006, Tel Aviv 61500, Israel

Tel 972 3 5140014 Fax 972 3 5175674

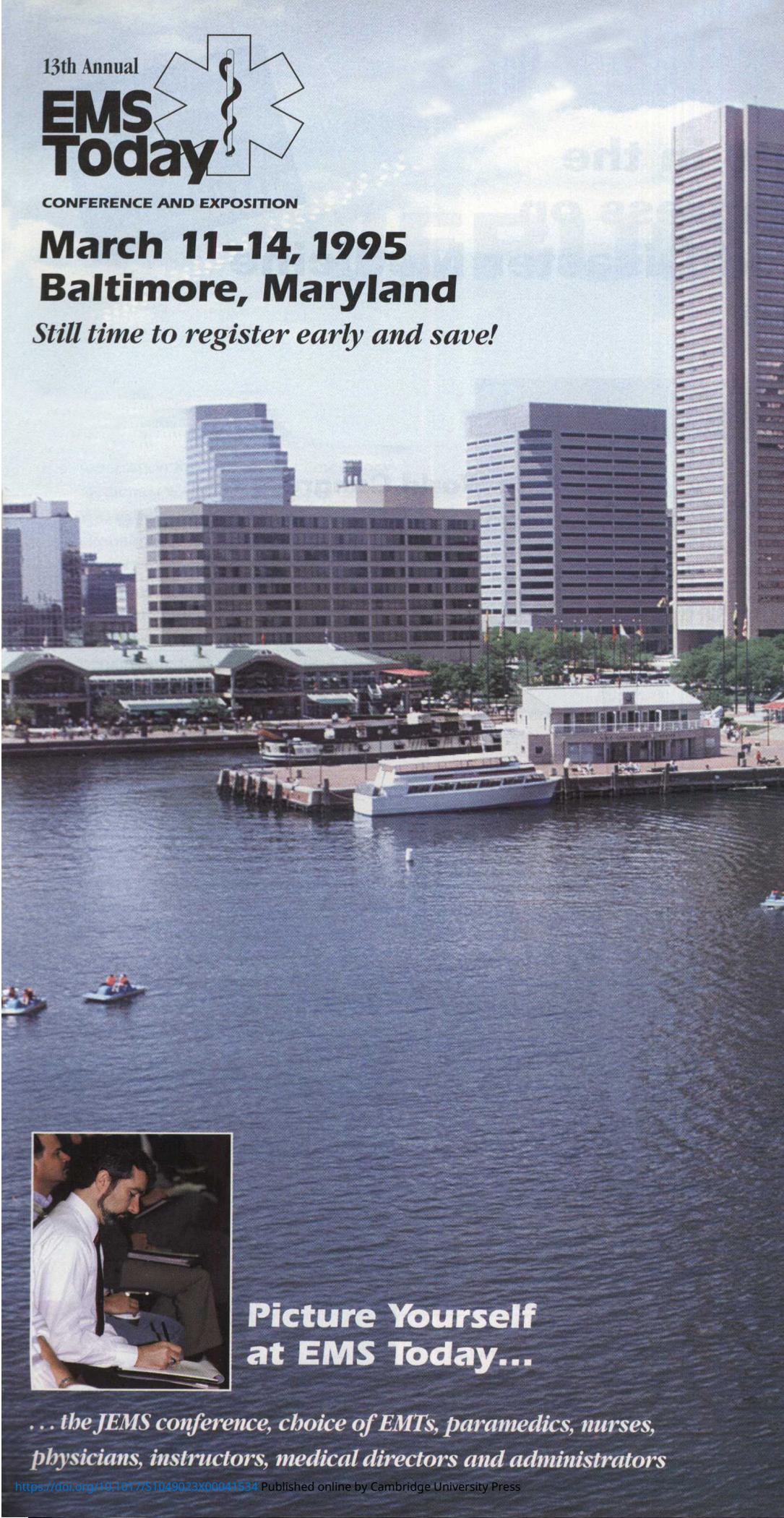
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