



3<sup>rd</sup> Annual Congress and Medicare Expo on

# Trauma & Critical Care

March 13-14, 2017 London, UK

## *Posters*

*Trauma 2017*

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# TRAUMA & CRITICAL CARE

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## The role of nurses in the prevention of falls in geriatric patients

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The main cause of injury in geriatric age is falls - a sudden unintended position changes due to various barriers - both physical and mental. Among people over the age of 75 falls could have serious health consequences and in the worst case can even lead to death. Other serious consequences of falls are among other fractures of the forearm, femur and spine. They can also leave stigma on the psyche of the patient which will make him to fear while doing activities and going out of the house. The role of the nurse is to improve the patient's physical and adjustment of preventive tasks to factors that may cause the fall. To evaluate the risk of falls, we can use the following tests: The Timed Get-Up and Go Test, The Dynamic Gait Index, The Step Test, Stops Walking When Talking, The Performance-Oriented Mobility Assessment, The Four Square Step Test, The One Leg Standing Test, Functional Reach Test and Test Berg. The majority of surveyed nurses working in the profession are of 21-30 years of age. Health care services to patients in the geriatric are among the most frequently performed. Falls among the elderly are common and therefore, nurses assess the risk of falls by means of special scales, among which the most common is the scale of Tinetti and not the scale of Berg. The main risk factors for falls in geriatric patients are imbalance. According to the respondents, the main environmental factor increasing the risk of falls is incorrect bed height. Respondents believe that for assessing the risk of falls, neurological examination should be performed.

### Biography

Marta Rogowska is a student of Nursing from Poland. She is studying on the second year at State University of Applied Sciences in Plock. She belongs to the scientific circle of health promotion. She participates regularly in scientific conferences and is actively involved in promoting the university.

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## Incidence of thoracic trauma in tertiary level trauma centre, Northeast India

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Majority of thoracic injuries encountered in India are secondary to blunt trauma following motor vehicle accidents. Rib fractures are the cause of major morbidity in trauma patients, leading to pain and difficult respiration with hypoventilation, cyanosis, tachypnoea and chest retractions. A prospective study was conducted at Trauma Centre and Super Specialty, BHU, Varanasi from June 2015 to June 2016. 412 cases enrolled age, sex, socioeconomic status, number of fractured ribs and associated injuries were noted. Out of 412, 331 were males and 81 were females. RTA was the most common cause of chest trauma and fall from height was the second most common cause. Common complaints following trauma were painful respiration (95%) and dyspnoea (60%). Most common complication was hemopneumothorax (34%), followed by pneumothorax (20%). The complications were common in elderly population because of non-plaint nature of ribs over children. In Northeast India, RTA is the most common cause of chest trauma. Isolated ribs fracture (<3) with any associated complications can be managed conservatively and injury associated hemothorax or pneumothorax or hemopneumothorax require chest tube drainage.

### Biography

Awaneesh Katiyar is a Post-graduate student in Master of Surgery. He is working as Junior Resident at Sir Sunder Lal Hospital and Trauma Centre and Super Specialty Hospital. He has special interest in Trauma Surgery and Evaluation of Trauma Patients. During his Post-graduation, he developed a trauma score for proper assessment and prognosis of trauma patients in terms of mortality and morbidity.

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## The Egyptian fellowship of emergency medicine: The shining era of emergency medicine training in Egypt

Mohamed E Abbasy<sup>1</sup>, Mai M Ahmed<sup>1</sup>, Sherif Alkahky<sup>1</sup>, Mohamed Abdelkader Qotb<sup>1</sup> and Mohamed El-Shinawi<sup>2</sup><sup>1</sup>Hamad Medical Corporation, Qatar<sup>2</sup>Ain Shams University, Egypt

**Background:** Although emergency medicine has existed as a recognized specialty in Alexandria University in late seventies, a recent shining as a highly competitive specialty since 2003 through Egyptian Fellowship training program is granting a professional and not an academic degree. Emergency medicine is still in its development phase as a practice. Five public universities are offering postgraduate degrees in emergency medicine. These degrees when obtained by trainees, in addition to a varying number of years of experience, enable doctors to climb up the medical hierarchical ladder, which begins with a resident post till senior consultant one.

**Methods:** We describe the development of emergency medicine as a separate specialty in Egypt highlighting the history, challenges we faced, collaborations and recommendations for future improvement of emergency medicine training in Egypt.

**Results:** As up to date references, there are five emergency medicine educational programs in Egypt, which are primarily based upon the British model of obtaining a masters or higher degree. The largest of these, the Egyptian fellowship program, is supported by the Ministry of Health and Population (MOHP) and is the country's most formalized and acknowledged training program. Currently, there are more than 350 specialists graduated with around 50 registered consultants. However, the majority of the qualified graduated physicians capable of leading the field of emergency medicine had left Egypt due to financial, social and economic stresses.

**Conclusion:** Although, the fast developing field of emergency medicine, Egypt still need an urgent well-structured system supported by Ministry of Health and Population. There needs to be creation of an emergency medicine committee by Egyptian board certified emergency physicians to monitor and improve the training and exams done by universities, and holding of regional conferences to enhance emergency medicine in Egypt and the Middle East region.

### Biography

Mohamed E Abbasy is currently working as an Emergency Medicine Clinical Fellow at Hamad Medical Corporation, Qatar. He successfully completed his Injury Prevention Research and Training Program at University of Maryland, School of Medicine, Maryland, USA. He has attended R Adams Shock Trauma Center, University of Maryland, School of Medicine, Maryland in 2008. He completed his training in Emergency Medicine and successfully awarded the fellowship of Egyptian Board of Emergency Medicine in 2009. He has a good experience of working in Gulf region and worked as an Assistant Program Director of Saudi Board of Emergency Medicine in Eastern region, KSA in 2013. He successfully passed his membership examination of Royal College of Emergency Medicine UK in 2014 and European Board of Emergency Medicine in 2016. His research interest includes Critical Care, Trauma and Emergency Ultrasound.

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## Immediate post traumatic status epilepticus with rare full neurological recovery: Case report

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Post traumatic seizure (PTS) activity is considered to be around 10% following acute TBI. Immediate post traumatic status epilepticus incidence however is not clear in the current literature, though it is thought to be from 1.9 to 8%. PTS is often missed and not fully recognized specially without eEEG monitoring, almost 50%, nevertheless status epilepticus is associated with a significant mortality up to 100%. Age of the patient and type of seizure among other factors are some major contributors of poor outcome. A case of 33 years previously healthy female brought to emergency department as a pedestrian hit by a speeding car while passing the street. Patient was brought vitally stable with GCS 12, the patient prior to be shifted to CT scan had a generalized tonic clonic seizure activity not responding to single dose of benzodiazepines. Subsequently, she had been intubated but the seizure activity didn't stop despite administration of further doses of benzodiazepines and second line of treatment as loading dose of phenytoin, surprisingly seizures persisted around 90 minutes despite all intervention up to propofol induction and continuous infusion. Initial CT head scan showed no intracranial injury or fracture noted. Her laboratory investigations were within normal limits. Later patient had been extubated with GCS 14 and regained her full consciousness after few days with excellent neurological recovery. She had EEG reported as diffuse slowing with no epileptiform discharges. MRI scans routinely done, small hyper intensities noted in the right centrum semiovale suggestive of non-hemorrhagic DAI. This is a case report of post traumatic status epilepticus with 100% neurological recovery.

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## Understanding the complexities and development in order to improve emergency medical status

**Ramak Attarinezhad**

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**Statement of the Problem:** The properness of function of different parts of emergency medical services will be resulted in a quick and timely dispatch of ambulances to patients and preventing deaths as well as lack of disability in damage. The success of this set depends on various factors such as the ability of those responsible, trained personnel, equipment, co-ordination and communications systems. Today, in the city's health care system, generally the first treatment for critical patients is carried by pre-hospital emergency and the more accurate and faster care for patients by EMS, the less deaths and disabilities caused by diseases and public confidence in the system increases. Since the trauma and damages resulting from accidents are the most common cause of death among people ages fourth decade as well as known as the third leading cause of death in all ages, emergency medical services on trauma has given special emphasis. Given the major role of emergency medical services in ensuring the health of people during accidents and the need for improved basic services prompted us to study the complexities and factors involved in improving the look of a medical emergency.

**Methodology & Theoretical Orientation:** The study was a systematic review. At first, we needed to gather studies related to our upcoming study. Therefore, a set of keywords related to research, such as medical services, hospital emergency rooms, trauma was obtained. Finally the collected essays in the period from 1990 to 2015 were studied and compared, and ultimately the final results in classified parts were shown as following.

**Conclusion & Significance:** Since the emergency medical centers and emergency medical centers of hospitals considering their sensitive role in providing immediate medical care to patients needed therapeutic interventions at all times of the day and all days of the year are one of the necessary and inevitable pillars of public hospitals. However, according to the results of recent decades, it has recognized that in the most countries pre-hospital care as the first group encountered with critically ill patients transferred to hospital, equal to international standards. One of the most important as a catalyst for overcoming the problems caused by personnel skills and need for retraining employees has been mentioned that this in addition to affects the ability of new personnel, is also an important factor for employees with experience that can increase both their motivation and performance. However, these educations (trainings) should be oriented and based on personnel requirements and in addition to their functional skills, consider interactive manner with patients.

### Biography

Ramak Attarinezhad is a nurse, Who is studying for her master of science in nursing. She is interested in search and evaluation her knowledge in different related emphasis in nursing education. With review of many responsive constructivists articles creates new pathways for improving healthcare quality as well as evolution in emergency medicine practices that result proper approaches That she presents.

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## Mass casualty in holy city of Karbala, Iraq: A hospital experience

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**Statement of the Problem:** Kerbala is regarded as one of the holiest cities for the Muslim nations due to the fact that the grandson of prophet Muhammed, Imam Hussain is buried there. The total area of Kerbala is about 5034 square km. It is almost in the centre of Iraq, with a total population of 1.267 million. The estimated number of annual visitors/pilgrims to Kerbala is between 58 to 62 million, and the number is rising. Arbaeen event is the greatest human gathering where 20 to 24 million pilgrims attend Kerbala over a confined peak period of 10 to 12 days, to commemorate the martyrdom of Imam Hussain which took place 1337 years ago. Offering standard casual healthcare services face a huge challenge to all those involved over a short period of time.

**Methodology & Theoretical Orientation:** On an ordinary day Safer Al-Hussain Hospital is staffed with 238 employees. During the Arbaeen period, this number is supported by other partners: Imamia Medics International (IMI) (95), Karbala University (medicine & nursing) (75), Iraqi delegates from other hospitals (146), international volunteers (253). The number of patients seen in 2015 during the Arbaeen period (10-12 days) at Safer AL-Hussain were 919,682 patients.

**Finding:** The total number of hospital staff at Safer ALHussain during Arbaeen Gathering at Kerbala were 806 serving 919682 patients in 12 days period of time. These patients are divided as follows: Iraqi patients 477886, Arabic patients 245732, and other 532762. Number of emergency operations done at the hospital (12 days). super major 45, major 13, minor 9.

**Conclusion:** Offering standard health care faces huge challenge to all the healthcare professionals involved; proper planning is required to perform even better.

### Biography

Emad Geddoa is a consultant General Surgeon graduated from Iraq in 1993 and settled in London where he trained for general surgery. Mr Geddoa has decided to go back and work in Kerbala, the city where he born, in 2013 and since then he is a senior lecturer at Kerbala Medical School in addition to his work at Imam Hussain Medical City/ kerbala as a general and colorectal Surgeon.

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## TBI and behavioral changes

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The care of patients with minor head trauma is evolving. No longer is loss of consciousness needed to occur in order to be concerned about the late sequelae of minor head trauma. The CT scan of the head is no longer the predictor of long term outcome. MRI may reveal punctate lesions and EEG may demonstrate focal slowing. There is a higher incidence of psychiatric illness one year after the injury than that found in the general population. Depression, PTSD, substance abuse, panic disorder, generalized anxiety, OCD, personality disorders and bipolar disorder & schizophrenia can occur as a result of TBI. The treatment of athletes with minor TBI is also evolving with graded return to plan. This presentation will discuss this evolution in diagnosis and treatment of patients with minor TBI and its relationship to psychiatric illness.

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## oThimble– From seed to surgeon

**Patrick Carroll<sup>1</sup>, Anthony Tansey<sup>2</sup> and Brendan Carroll<sup>1</sup>**<sup>1</sup>St Vincent's University Hospital, Ireland<sup>2</sup>Institute of Technology Tallaght, Ireland

**Introduction:** When placing wires on bone in deep tissues the orthopedic surgeon is at risk of glove penetration and sharp injury. We created a simple 3D printed device to help protect the finger of the surgeon from injury while operating. This device acts as a thimble while the operating surgeon uses sharp objects. This device could be used for numerous operations in orthopedic surgery and any type of surgery where sharp tipped wires are placed in deep tissues. We describe the steps from idea to functioning prototype. This prototype is specific for hip surgery.

**Aim:** Aim of this study is to develop a simple 3D printed device to facilitate safe and accurate placement of percutaneous k-wires during surgery.

**Method:** We designed a low fidelity prototype using computer-aided-design (CAD) computer software. We used a selective laser sintering (SLS) three-dimensional printer to create a rapid prototype printed model. We subsequently re-developed numerous versions of the device to create a usable prototype. We conducted material testing and sterilized our device. The device is an acrylonitrile butadiene styrene (ABS) polymer.

**Results:** We designed a novel thimble surgical device using CAD software and 3D printing technology. After material testing a practical device was produced and tested.

**Conclusion:** We have created a practical working prototype of a thimble device (oThimble) to be used in the operating theatre to protect the surgeon from sharp injury. We will investigate the process of bringing a prototype to market and conduct a feasibility study.

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## Morbidity & mortality – Do we show effective learning?

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**Background:** NHS organizations should demonstrate effective learning from incidents. Royal college guidance recommends the use of Morbidity and Mortality (M&M) reviews to identifying learning points from past events and areas for future improvement. It is recommended that M&M reviews are undertaken on at least a monthly basis. Our critical care unit conducts a weekly, multidisciplinary, consultant-led morbidity and mortality meeting in order to encourage timely review of cases to identify learning points and implement action points. The M&M meeting seeks to review all deaths within a two-week period, and aspires to serve as a comprehensive clinical governance forum for policy discussion, audit presentation and incident review.

**Aim:** Aim of this study is to assess whether the critical care morbidity and mortality meetings at MTC James Cook University Hospital, South Tees Hospitals NHS Foundation Trust develop learning and drive organizational change.

**Methods:** A retrospective analysis of the unit M&M meeting database 01/05/2014 – 30/09/2015 was undertaken in order to identify learning points and to assess if there is evidence that highlighted action points were implemented. Thematic analysis was undertaken to analyze learning points and policy interventions.

**Results:** 344 cases and topics were discussed at 71 M&M meetings. 100% of deaths were reviewed within two weeks. These included 318 mortality reviews (92.4%), three audit presentations (0.9%), 12 critical incident reviews (3.5%), eight policy discussions (2.3%) and three multidisciplinary discussions of complex patients (2%). A specific learning point was identified in 34.3% cases; the majority of learning points related to clinical management and/or documentation. Departmental action points were identifiable in 36.9% of cases. Departmental policy changes arising from M&M have encompassed a wide area including equipment, documentation, handover, radiology and microbiological guidelines.

**Conclusions:** Weekly morbidity and mortality meetings can serve as a key clinical governance tool in ensuring effective organizational learning and can help drive organizational change.

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## Psychological consequences of HIV-related stigma among African migrant women in Lower Saxony, Germany: What can we learn from their stories?

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HIV-related stigma denotes the link between sero status and negative behavior toward people who are seropositive. HIV-related stigma includes guilt, shame, denial, prejudice, discrediting, discrimination, stereotypes, denial and self-blame associated with one's serostatus. African migrant women are particularly vulnerable to HIV-related stigma because of their status in society back home and in another country. Women are perceived to be diseased and responsible for transmitting the HIV virus to uninfected partners. HIV-stigma constrains relationships within the family and in the community. Generally employees may not want to employee HIV+ person, community fear those infected leading to neglect, accuses the sick as diseased and ready to infect others without knowing the transmission dynamic. From a cultural perspective HIV affected individuals are also labeled in society as sick by the community. This in the long term results into secrecy affects HIV infection status disclosure and seeking of the much needed preventive services. Stigma affects seeking of health services since labeled people fear to seek health services and this affects their health in future. Stigma is linked to other mental health problems such as anxiety about disclosure, depression, social isolation and depression among others. The complexity of HIV-stigma and migrant African women is complex. It is therefore, prudent to design interventions that highlight importance of cultural variables, issues of gender and migration if we are to achieve effective prevention strategies among seropositive HIV migrant women. The psychological impact of the disease continues to affect seropositive women in negative ways in living fulfilled lives, impacting their wellbeing from fear of partner rejection (very often perceived stigma), unfulfilled sexual satisfactions due to continuous use of condoms as expressed by most respondents. The study showed that some participants were not comfortable getting in to relationships and also fear of partners engaging with other women because they did not consider themselves fit enough for lasting commitments. Thus, such insecurities become overwhelming at times pushing them to neglect their self-esteem as women.

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## To study the alcohol related and non-alcohol related traumatic brain injury admissions to a neuro-intensive care unit

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We performed a retrospective analysis of 50 patients admitted to a neuro intensive care unit over a three months period. Data recorded included demographic details, mortality, injury, mechanism and length of stay. We then correlated the data with concurrent alcohol intoxication. 26% of our patients presented with intoxication. This cohort was younger than those who presented with TBI without intoxication (mean 50.4 vs. 52.3 years). Alcohol related TBIs were also more common in males than females (mean 20% vs. 6%). We did not find a statistically significant difference between the two groups for length of stay with the alcohol group having an average LOS of 3.2 days within the NICU. Overall mortality with TBI for our population was 8% with no deaths among the alcohol related admissions. We also found that alcohol did not play any significant role mechanism of injury with assaults, RTAs and falls being more common in the non-alcohol group. There has only been one previous study which examined the role of alcohol in traumatic brain injuries in the UK. Although alcohol use did not affect outcome in our population, some international studies have shown a protective effect of low dose alcohol intoxication in TBIs with higher levels of intoxication leading to worse mortality rates.

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## Scapulothoracic maneuver for shoulder dislocation

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A prospective study was done to analyze the results of scapulothoracic maneuver (SHM) to reduce the shoulder dislocations. An assistant stabilizes the affected limb by holding at the forearm and maintaining the elbow in 90° flexion with mild traction. The surgeon's left hand is placed in the patient's left axilla holding the proximal humerus between his fingers and the thumb. The right palm is kept over the superior surface of the acromion. With assistant stabilizing the limb, a lateral thrust is applied by the left hand of the surgeon at the proximal humerus and at the same time surgeon's right palm pushing the acromion downwards to rotate the scapula so as to face the glenoid towards the humeral head. The shoulder relocates with a click. Check radiographs were done and the patients were immobilized in collar and cuff for three weeks and then mobilized with physiotherapy and were followed up for 12 weeks. 27 patients with shoulder dislocations were treated by scapulothoracic maneuver in Airedale NHS trust (20) and other NHS hospitals (7). 12 males and 15 females were treated in casualty under sedation and one under GA in operation theatre. 26 patients had anterior dislocations and one patient had an inferior dislocation. Three patients had history of previous dislocations. One pregnant lady (38 weeks) with recurrent dislocation had to be reduced under local anesthesia. Four patients had previous other methods failed for reduction. SHM was attempted primarily in 23 patients. There were no complications, but the method failed in one muscular patient in which the shoulder reduced spontaneously under sedation. Average time required for the maneuver was 30 to 45 seconds. We conclude that the SHM was technically easy, traumatic and reliable in the cases we have studied.

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## Does dose matter? Rehabilitation intensity and early functional recovery in older adults following mild and moderate traumatic brain injury

Linda L Herrmann  
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This study describes the impact of modifiable variables (discharge destination and intensity of rehabilitation) on early functional recovery of adults 65 and older following mild and moderate traumatic brain injury (TBI). Previous studies demonstrate that greater intensity of inpatient rehabilitation in TBI patients contribute to improved rates of functional recovery; however, studies are limited by exclusion of/limited number of adults over age 65, and inclusion of patients who only received rehabilitation in the inpatient setting. Functional recovery was measured by clinician rated functional independence measure (FIMTM) and by participant self-report using the river mead head injury follow up questionnaire (RHFUQ). The sample consisted of 70 community dwelling adults aged 65 and older hospitalized for a mild or moderate TBI. A descriptive longitudinal cohort design was used to explore discharge destination and trajectory of early functional recovery; intensity of rehabilitative services and their relative contribution to early functional recovery at two and six weeks post discharge. Correlations, regression, and repeated measures analysis of covariance (ANCOVA) were used. Major findings from this study indicate that intensity of rehabilitation significantly and positively affected the trajectory of recovery of motor function over time; greater improvement in motor and cognitive function was noted in the high intensity group; and, patterns of self-reported difficulties varied by intensity of rehabilitation. Severity of TBI and presence of co-morbidities were significant predictors of discharge destination to home or skilled nursing facility. The trajectory of recovery of motor function and self-reported difficulties in older adults following mild and moderate TBI is significantly affected by intensity of rehabilitation. Additional research is necessary to examine rehabilitation intensity as it occurs in all settings and its longitudinal effect on the trajectory of motor, cognitive and psychosocial recovery and are essential if losses are to be integrated meaningfully into a person's daily life.

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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

Pornpip Wachiradilok, Teera Sirisamutr and Anuchar Sethasathien  
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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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## Critical events during intra-hospital transport of critically ill patients to and from intensive care unit

Vikas Saini, Qurram Pervez and Y L Narayana

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**Statement of problem:** Intra-hospital transport (IHT) of critically ill patients is frequently required for diagnostic or therapeutic procedures that cannot be performed in Intensive Care Unit (ICU). In our hospital, five to seven patients per week are transferred from the main ICU to operating room or for diagnostic procedures. Adverse events are common in both in- and out-of-hospital transports, the most common being equipment malfunction. Studies have reported equipment problems and mishap in 11 to 34% of all transport episodes. Research into this aspect of hospital care is lacking in our country. Knowledge about the potential complications associated with IHT is essential to determine the safest way to transport patients reducing mortality and morbidity. This observational study was designed to fill this epidemiological gap by determining the incidence and types of adverse events occurring during intra-hospital transport of critically ill patients in a tertiary care hospital.

**Aim:** Aim of this study is to find the nature and rate of critical events occurring during intra-hospital transport of patients to and from ICU and to formulate recommendations for prevention of critical events occurring during transport in future.

**Methods:** 160 consecutive IHTs of patients from ICU to procedure room or operation theater and back were prospectively studied during an eight month period, from 1st October 2013 to 13th May 2014. A total of 248 critical events were observed in 104 IHTs (65%; 95% Confidence Interval [95 CI] 57.4-72.1%). Critical events were divided into those related to the airway, monitors, drugs and intravenous lines, equipment, cardiovascular system, respiratory system, and the procedure room, as well as miscellaneous ones.

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## Human glia expresses cytoglobin after brain trauma

Xiameng Chen<sup>1</sup>, Yuan Liu<sup>1</sup>, Haojie Qin<sup>2</sup>, Haibiao Zhu<sup>3</sup>, Yu Yang<sup>1</sup> and Peng Guan<sup>1</sup><sup>1</sup>Sichuan University, China<sup>2</sup>Henan University of Science and Technology, China<sup>3</sup>China University of Political Science and Law, China

A 190-amino acid protein-cytoglobin (Cygb) is a recently identified member of the vertebrate hemoglobin family. Cygb is an ancient and highly evolutionarily conserved protein. Like the other members of the hemoglobin family, functions of Cygb are mainly based on its oxygen binding ability. Cygb was previously demonstrated to be exclusively expressed by neurons of brain. However, a recent research reported the expression of Cygb in human GBM cells, hinting that glia cells may also express Cygb under certain pathological states. Therefore, to assess the cellular localization of human Cygb under physiological and pathological state, we performed immuno-staining to post-mortem brain specimens from people who died of traumatic brain injury and deceased without neuropathy, respectively. In uninjured human brains, the immuno-signal of Cygb was restricted in neurons but not glia cells whereas, in the chronic brain trauma group, expression of Cygb was also detected in astrocytes and microglia cells in the injury repairing area. Results of this present study offered the neuro-anatomical basis for further exploration of the neuroprotective role of Cygb and suggested Cygb to be a novel therapeutic target in various neurological disorders.

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## Nutritional status of women of reproductive age in a selected char of Rangpur district

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An observational cross-sectional study was carried out at Rangpur district in Bangladesh to assess nutritional status of reproductive aged women residing in char area with a sample size 200. Face to face interview was carried out with the semi-structured questionnaire. Convenient sampling technique was used to collect data on the basis of inclusion and exclusion criteria and written consent was taken prior to interview. Nutritional status was determined according to BMI cut off value for Asian population. Descriptive as well as inferential statistics were used to present data. Mean±SD age of respondents was 34.27±8.60. More than half (67%) of the respondents were illiterate and housewife (84%). Mean±SD income of respondents was 5700.71±282.89 per month. Underweight, normal and overweight were 67%, 30% and 3% respectively. Most respondents took rice two to three times per day. Vegetables and soybean were taken randomly. Lentil was taken daily. Arthritis, headache, skin disease was more common. Statistical significant association was found between nutritional status and age group ( $p<0.05$ ), education ( $p<0.05$ ), occupation ( $p<0.05$ ) and monthly income ( $p\leq 0.05$ ). Half of the respondents suffered from underweight and most of them income was very low. Income generating capacity should be increased as well as effective nutrition education programme must be instituted.

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## Coping skills after trauma

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Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience. A trauma is an intense event. This can include medical events, such as a heart attack, surgery or treatment in a hospital's intensive care unit (ICU). PTSD can happen in any age. PTSD can cause nightmares, upsetting memories, flashback, feeling numb, fear, worry, anxiety, and other symptoms. Patient and family education is an important part of nursing care. Different techniques are used for coping after trauma. These techniques are: Role playing; assertiveness training; stress management; meditation; exercise; biofeedback and yoga. The poster will present different ways of treatment for coping after trauma without any medication.

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3<sup>rd</sup> Annual Congress and Medicare Expo on

# TRAUMA & CRITICAL CARE

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## Permissive hypotensive resuscitation in adult patients with traumatic hemorrhagic shock: A systematic review

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**Background & Aim:** Permissive hypotensive resuscitation (PHR) is an advancing concept aiming towards deliberate balanced resuscitation while treating severely injured patients and its effectiveness on the survival rate remains unexplored. This detailed systematic review aims to critically evaluate the available literature that investigates the effects of PHR on survival rate.

**Methods:** A systematic review design searched for comparative and non-comparative studies using EMBASE, MEDLINE, PubMed, Web-of-Science and CENTRAL. Full-text articles on adult trauma patients with low blood pressure were considered for inclusion. The risk of bias and a critical appraisal of the identified articles were performed to assess the quality of the selected studies. Included studies were sorted into comparative and non-comparative studies to ease the process of analysis. Mortality rates of PHR were calculated for both groups of studies.

**Results:** From the 869 articles that were initially identified, 10 studies were selected for review, including randomized control trials (RCTs) and cohort studies. By applying the risk of bias assessment and critique tools, the methodologies of the selected articles ranged from moderate to high quality. The mortality rates among patients resuscitated with low volume and large volume in the selected RCTs were 21.5% (123/570) and 28.6% (168/587) respectively, while the total mortality rate of the patients enrolled in three non-comparative studies was 9.97% (279/ 2,797).

**Conclusions:** The death rate among post-trauma patients managed with conservative resuscitation was insignificantly low which indicates that PHR cannot give a worse outcome than the standard aggressive resuscitation in terms of survival rate. Therefore, PHR is a feasible and safely practiced fluid resuscitative strategy to manage hemorrhagic shock in pre-hospital and in-hospital settings. Further trials on PHR are required to assess its effectiveness on the survival rate.

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