

mainly in Athens General Hospital and KAT Accident Hospital.

In less than two-and-one-half hours from the time of the accident, the use of burn resuscitation fluid formulas were commenced and, as a result, none of the patients died within the post-burn shock period. The main effort of the medical team was to maintain the respiratory function in most of the patients, since they all suffered from inhalation injuries. Despite early initiation of mechanical ventilation and pulmonary lavage, all patients of TBSA >70% died of acute respiratory distress syndrome (ARDS) and pulmonary complications.

The position of the workers within the plant at the time of the accident was proportional directly to the severity and outcome of the injuries. As the mapped diagram shows, all workers within the core of the explosion died, whereas those in the perimeter suffered less severe burns and eventually survived.

In conclusion, the combined effort of the NHS ambulances, the medial crush teams, the Athens Fire Brigade and Traffic Police forces and, last but not least, the medical and nursing staff of the Athens Burns Units, managed to transfer, resuscitate, and hospitalize burn victims from a major disaster.

59

Smoke Inhalation in Deep Burns: An Algorithm to Predict the Severity of Lung Injury and Its Outcome

Benmeir P, Eldad A, Gozal Y, Gross D, Bleiberg B

Israel Defense Forces Medical Corps

Hadassah University Hospital

Jerusalem, Israel

Introduction: Smoke inhalation is a major factor in fire-related morbidity and mortality. The toxicity of smoke results from inhalation of irritants, toxic chemicals, and hypoxic gas mixtures.

Methods: Retrospective review was made of the charts of all patients admitted to this regional intensive care unit (RICU) with diagnoses of burns associated with smoke inhalation between May 1988 and February 1990, in order to determine parameters that would predict the severity of lung injury and its outcome.

Results: Data were collected retrospectively on 10 patients who were classified into two groups: five patients with acute respiratory distress syndrome (ARDS) and five patients without ARDS. They were analyzed for age, gender, BSA, bronchoscopic findings of smoke inhalation, immediate respiratory complications (aspiration, pneumothorax), need for immediate intubation, use of steroid therapy, and days in RICU. The results suggest that the percentage and degree of burns, as well as the level of bronchoscopic findings of smoke inhalation, are important determinants in the severity of the disease. The need for early intubation or the use of steroid therapy may not modify the outcome.

Conclusion: This algorithm may assist the physician in determining the steps of treatment in such complicated cases.

60

The Clinical Spectrum of Accidental Inhalation of Chlorine Gas

Yang GY, Chung BC, Deng JF

Division of Clinical Toxicology, Department of Medicine

Taipei Veterans General Hospital

Taipei, Taiwan

Introduction: On 10 June 1991, six tons of liquid chlorine leaked from a tank car through a ruptured pipeline. The chlorine cloud soon covered the plant and caused a worker's death. More than 500 nearby residents visited medical clinics for help during the three days following the incident.

Objective: To describe the clinical presentations of chlorine gas exposure on residents living near a chemical plant after an accidental release of chlorine.

Methods: The medical records of these patients were reviewed and the results of a self-answered questionnaire concerning the course of clinical presentation were analyzed.

Results: The major symptoms experienced in the first day after exposure were respiratory (90%), gastroenteral (68%), and eye (60%). Non-specific symptoms such as dizziness, weakness, and headache also were reported by most residents (76%). Most symptoms were relieved within six days. The 50% recovery time for eye symptoms was shortest (two days), followed by gastroenteral (3 days), and respiratory (4 days). There was a major inconsistency between medical records and self-reported symptoms in eye discomforts. No eye symptoms were recorded in the charts, however, 60% of the patients reported eye problems.

Conclusion: Acute exposure to chlorine gas among residents in an industrial accident on this scale might not result in severe health effects. A well-prepared disaster plan definitely will benefit residents living in close proximity to industrial parks.

61

Nebulized Corticosteroid Improves Pulmonary Function After Chlorine Gas Exposure in Pigs

Gunnarsson M, Walther S, Holmstrom A, Jansson I, Lennquist S

Trauma Research Center

Linkoping, Sweden

Objective: To optimize the treatment after toxic-gas exposure and to evaluate an easily available therapeutic alternative in mass casualty situations.

Methods: Thirty-six pigs were exposed to a sublethal dose of chlorine gas and then observed for six hours during anaesthesia and mechanical ventilation. Twenty-six were given nebulized corticosteroids with a high local anti-inflammatory potency at different time intervals after the injury. Ten pigs served as a control group with no treatment. Changes in lung mechanics, gas exchange, and hemodynamics were followed over a six-hour observation period.

Results: Corticosteroid inhalation after chlorine gas exposure significantly reduced the impairment of respiratory function and stabilized hemodynamics. Early treatment improved the results.

Conclusion: Early treatment with intrapulmonary administration of a corticosteroid with a high anti-inflammatory potency significantly reduced the impairment of respiratory function after chlorine gas exposure. The method has to be evaluated further, but could be a very useful and easily available therapeutic alternative after toxic-gas exposure in mass-casualty situations.

62

Swimming Pool Heater Dysfunction: An Unusual Case of Carbon Monoxide Toxicity

Heller JL

Virginia Mason Hospital
Section of Emergency Medicine
Seattle, Washington, USA

During a large family gathering, 14 individuals, ages 7 months to 63 years, developed signs and symptoms compatible with carbon monoxide (CO) intoxication. All were evaluated at the referral hospitals, and then transferred for consideration of hyperbaric oxygen therapy (HBO).

At transfer, all were re-evaluated, and definitive criteria for HBO were reviewed. Seven patients underwent such therapy, and all patients recovered without sequelae.

Signs and symptoms of CO intoxication are discussed, criteria for HBO reviewed, and therapy protocols explained through the use of charts and graphs.

64

A Trial for Classifying a Large Number of Burn Victims in Case of Mass-Casualty Incident in France

Baux S,* Wasserman D**

* Centre des Brûles Hopital Saint-Antoine-Paris

** Centre des Brûles Hopital Cochin-Paris
Paris, France

During a catastrophe, a large number of burn victims from a mass-casualty incident imposes a problem of classification. When properly conducted, the use of triage criteria may save lives and minimize morbidity.

The main points for immediate evaluation are the following: the age, medical history, and known pathologies; the extent, depth, and site of the burns; inhalation injury; and associated traumatic lesions.

Four groups may be identified: severe burns; major burns; moderate burns; and minor burns.

The evaluation in situ, in most of the cases, generally may permit evacuation under the best conditions toward different medical facilities. These medical facilities already should have been prepared to receive these patients, according to certain modalities that already have been identified.

66

Burn Disasters: Role of the Fire Brigade Health Department in Forest Fires

Calatayud C, Georgopoulos C

Service Départemental d'Incendie
et de Secours des Alpes-Maritimes
Fire Department of France
France

Objective: To define the role and the tools of the medical personnel in order to ensure the safety of firefighters in forest fires.

Methods: 1) Description of the fire engines used in forest; 2) Specific characteristics of forest fires: topography, surface, development, duration, pathology; 3) Medical personnel: number of tools uses; and 4) Operational protocol.

Results: Fire of 24 August 1986 in the Alpes-Maritimes district: Surface area: 5,460 Hectares [21 sq mi]; Operational Means: 21 districts involved, 1,474 personnel, 252 fire engines; Pathology: 580 injuries: 171 trauma-related injuries; 29 deep burns, slight burns; 320 ophthalmologic injuries; 32 dehydration; and 26 digestive tract.

Summary: The medical department must be activated as soon as the firefighters are called to respond. The medical response must have mobile capability and have the necessary means to treat the variety of injuries encountered (trauma, burns, carbon monoxide, ophthalmologic). The medical response also must provide medical treatment to firefighters to ensure their good health and hygiene. The medical headquarters, in direct contact with the fire headquarters, must manage all medical personnel.

67

Use of Polymyxin-B Immobilized Fabric (PMX-D) for Burn Wound Dressing

Yamamoto Y,* Takahashi S,* Ninomiya N,* Matsui K,*
Kurokawa A,* Otsuka T,* Shoji H**

* Department of Emergency and Critical Care Medicine,
Nippon Medical School

** Toray Industries, Inc.
Tokyo, Japan

In 1976, Morrison reported the endotoxin neutralizing effect of Polymyxin-B (PMX). In 1982, Kodama et al successfully fixed PMX on α -chloroacetamide methylated acid polystyrene fiber by covalent bonding. Amino acid analysis revealed that the amount of PMX immobilized on the fiber was 3.7 mg/lg of fiber on average. An elastic fabric was developed (PMX-D) made of PMX immobilized fiber, and the following basic and clinical studies were performed to determine if this fabric could be used as dressing material for burn wound care.

1. SEPARATION OF PMX FROM PMX-D: PMX-D was irrigated by normal saline one to four times, and the concentration of separated PMX in the irrigated solution was measured using bacteriological method. Inhibition of bacterial growth by both irrigated solutions was not recognized.