

# Abstracts of Scientific Papers-WADEM Congress on Disaster and Emergency Medicine 2017

## Point of Care Ultrasound at Emergency Department (ED) Shaping our Emergency Care to a Great Effect: Experience from Tikur Anbessa Specialized Tertiary Care Hospital

*Temesgen B. Abicho*

Emergency Medicine, Addis Ababa University, Addis Ababa/Ethiopia

**Study/Objective:** To assess and review Point of Care Ultrasound (POCUS) done at tertiary care hospital ED for 6 months

**Background:** POCUS is an ultrasound that is performed and interpreted by a provider at the patient's bedside, in real time in many medical specialties. Point-of-care ultrasound has been a part of the specialty of emergency medicine for two decades, and is referred to within the specialty as Emergency Ultrasound (EUS). Emergency physicians are confronted with critically ill patients with undifferentiated complaints, and must make time sensitive diagnostic decisions or perform therapeutic interventions based on limited available information.

**Methods:** A review of logbooks and charts were done for 6 months, and traced in comparison to radiology examinations when available.

**Results:**

POCUS type	Percentage
FAST and E-FAST	41%
IVC Scan	30%
DVT scan	10%
Cardiac/Echo	9%
Pneumonia	5%
Therapeutic tap	3%
Others	2%

**Table 1.** A Six-Month Review of Emergency Ultrasound Procedures at Emergency Department.

No major reading discrepancy when available readings

**Conclusion:** Point of care ultrasound when performed at EDs for critical patients is time saving and helps for quick intervention.

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## The State of Emergency Radiology Service among Public Hospitals in Tanzania

*Said S. Kilindimo*

Emergency Medicine, Muhimbili University of Health and Allied Sciences, Dar Es Salaam/Tanzania

**Study/Objective:** We aimed to analyze resources available for emergency care in public hospitals, which includes acute care services in the Emergency department and Supportive service (Pharmacy, Laboratory and Radiology). This abstract will focus on availability of radiological services for emergency care.

**Background:** During a disaster or a non-disaster state, Emergency Departments function at their best when there are readily available supportive services from Radiology, Laboratory and Pharmacy.

**Methods:** The study was a prospective, cross-sectional design covering 98% of both regional and district hospitals. We directly inspected facilities and equipment, and use structured checklist to collect the data. The investigator also interviewed both the head of radiology, and the staff working in the radiology departments to check the accuracy of the information collected.

**Results:** Among all hospitals surveyed, an X-ray and Ultrasound service was absent in 39% and 38% respectively, and none of the hospitals had a CT scanner. Among those not having X-ray service, 27% have the machine but it's not working. A similar trend is seen for ultrasound services as 29% of the hospitals state their machine defaulted. When we asked the reason, the majority (75%) stated waiting for repair. Regional hospitals are referral points for District and Health center facilities, and hence expected to have better services. In a sub-analysis of Regional hospitals we found increased crisis as the X-ray and Ultrasound services were missing in 35% and 44% respectively. Among these 30% of X-rays and 35% of Ultrasound machines were available but not working.

**Conclusion:** There is deficit in radiological services across hospitals in Tanzania, with long waiting repair time significantly contributes to the burden observed. In turn, this might compromise the management of acutely ill patients and hence their outcome.

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## Radiology and Emerging Asymmetric Threats in Urban Settings

*Mohammad Naeem*

Fort Belvoir Community Hospital, United States Army, Fort Belvoir/VA/United States of America