number of the victims and of that the incident occurred in a weekday morning.
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(P2-59) Monocular Vision Loss Following Blunt Trauma

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Blunt trauma is a leading cause of injury in the teenage population. The early detection of injury is the primary goal of emergency medicine in order to maintain an optimal functional capacity. This is of particular importance in the pediatric population. The following is a case presentation of monocular vision loss in a 14-year-old girl as a result of traumatic optic neuropathy. A motor vehicle collision was the cause of injury for this patient. She was an unrestrained rear seat passenger and struck her head on the driver's headrest during a frontal impact. A delayed presentation of over seven hours added to the complexity of this presentation. Further, a non-contrasted computed tomography (CT) scan of the head and orbits was unremarkable except for soft tissue swelling. The child was left with only light perception in the affected eye. This case presentation will illustrate the importance of immediate care, diagnostic studies, proper consultant input, follow-up care, and the natural history of the injury for this most unusual case.
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(P2-60) Thyroid Storm in the Emergency Department

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Case: A 20-year-old woman was referred to the emergency department with rapid acceleration of complaints of palpitations, fever, diarrhea, and agitation that had been present for several weeks. During physical examination, the patient was uncomfortable and restless with a tachycardia of 170/minute, and a fever of 38.5 °C. Palpation of the neck revealed a small ventral, painless, solid elastic mass, more prominent on the right side, clinically suspicious for goiter. An electrocardiograph showed an atrial flutter of 150/min. Initial laboratory results showed an erythrocyte sedimentation rate of 35 mm/hour (0–20 mm/hour) and urine analysis tested positive for ketones.
Outcome and Treatment: The patient was presumed to be suffering from a thyroid storm. She was treated promptly with Propranolol 160 mg and Thiamazole 30 mg twice daily at the emergency department. She was admitted to the Cardiac Care Unit for observation of the heart rhythm, which slowed down to 110/minute the same day and her condition improved clinically. The following day her laboratory result confirmed the diagnosis with a thyroid-stimulating hormone of < 0.01 mIU/L (0.4–4.0 mIU/L) and a free thyroxine (T4) of > 75 pmol/l (10–22 pmol/l). Eventually, she was diagnosed with Graves Disease.
Discussion: Thyroid storm is an acute, life-threatening, hypermetabolic state induced by excessive release of thyroid hormones. The adult mortality rate is high (90%) if early diagnosis is not made and the patient is left untreated. Therefore, in case of clinical suspicion for thyroid storm, it is critical to start prompt treatment with Beta blockade and Thiamazole before the diagnosis can be confirmed biochemically.
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(P2-61) Hiccups with Chapman/Carberra Sign And left Bundle Branch Block in Anterior Wall Myocardial Infarction

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Patients with myocardial infarction can present to the Emergency Department with atypical symptoms. A 60-year-old male presented with a fever for two days and ongoing hiccups he had experienced for four hours. He also had experienced an episode of vomiting. An electrocardiograph revealed ascending limbs of the S-waves in leads V3/V4, notching > 0.05 seconds in the ascending limbs of the R-waves in leads I, aVL, V6, and the presence of a left bundle branch block.
Keywords: emergency department; fever; hiccups; left bundle branch block; myocardial infraction
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(P2-62) An Infrequent Case of Orthopedic Emergencies – Open Dorsal Dislocation of the Proximal Interphalangeal (PIP) Joint Dislocation

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Introduction: Reducible open dorsal dislocation of the single finger's PIP joint is an infrequent case of orthopedic emergencies. The severity of this injury may be underestimated. These injuries are associated with long-term complications such as synovitis, stiffness, degenerative arthrosis, septic arthritis, and loss of the digit if suboptimally treated.
Case: A 90-year-old male came to the emergency department with an open dorsal PIP dislocation due to a fall on his right hand. There was a transverse skin laceration just proximal to the PIP flexion crease of his small and ring fingers. The condyles of his small finger's proximal phalanx protruded through the wound. X-rays showed a dorsal dislocation of the PIP joint without fracture. There was no neurovascular injury determined. The proximal phalanx was hyperextended slightly with gentle axial traction. After irrigation, the skin wound was closed primarily without repair of damaged structures, and systemic antibiotherapy was performed for a week. The PIP joint was immobilized for three weeks by applying the splint dorsally with the joint in 20 degrees of flexion. Active range of motion exercises were then implemented, and the patient regained full digital flexion with only a 10 degree loss of extension within eight weeks.
Discussion: Forced hyperextension with axial compression causes a dorsal dislocation of the PIP joint. Dorsal PIP dislocations are more common than volar IP dislocation.

Open dorsal dislocation of the PIP joint is an infrequent case of orthopedic emergencies. Such injuries can be treated safely in the emergency department by closed reduction and extensor splinting until a definite treatment plan is made by an orthopedic hand surgeon. The complications must be taken into consideration. Early active motion leads to significantly superior results in the range of motion than static splinting, because prolonged immobilization may result in flexion contracture.

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(P2-63) An Evaluation of 57 Tick Bite Cases

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Crimean-Congo Hemorrhagic Fever (CCHF) is a fatal zoonotic viral infection. The agent belongs to the Nairovirus of the Bunyaviridae species. The virus naturally recycles in vector-vertebrate-vector. This study aimed to evaluate cases of tick bites admitted to Infectious Diseases and Emergency Departments in 2008, and to develop management recommendations of such cases. Fifty-seven patients who admitted to a hospital due to tick bites in 2008 were included in the study. A 10-day clinical follow-up was performed to assess for symptoms including fever, fatigue, abdominal pain, headache, nausea/vomiting, diarrhea, disseminated somatic pain, and other hemorrhagic signs. During this period, laboratory analyzes, including white blood cells, thrombocytes, aspartate aminotransferase, alanine aminotransferase, gamma-glutamyl transferase, lactate dehydrogenase, creatinine phosphokinase (CK), and pentylenetetrazol were performed. Personal data of the patients, location of the bite, and the removal of the tick were recorded.

Results: Of the 57 patients, 37% were from the city, and 63% were from rural areas. The tick was removed by health staff in 25 (44%) of the cases. The bites occurred on body areas including the head/neck, trunk, upper extremities, and lower extremities in 14%, 24%, 27%, and 13% of the cases, respectively. During the follow-up period, none of the patients exhibited any of the signs or symptoms listed above. Laboratory tests did not reveal any abnormalities, except for high levels of CK in 15 patients. Thus, 57 cases did not develop CCHF.

Discussion and Conclusion: Since 2002, CCHF has caused an increased mortality in Turkey, and has resulted in high anxiety and concern among the Turkish public regarding tick bites. This has resulted in a rise in the number of patients admitting to emergency departments with tick bites. Due to CCHF's incubation period, patients with tick bites should be evaluated for 10 days using a multidisciplinary approach involving both clinical and laboratory evaluations in order to prevent the unnecessary administration of ribavirine.

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(P2-64) Pattern and Factors Associated with Violent Incidents in the Emergency Department of a Level-1 Trauma Center

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Background: Violent incidents (VI) in emergency departments (EDs) are under-reported concerns for emergency care providers (ECP). There are limited data from EDs in India.

Objective: This is a study of pattern and factors associated with VIs in the ED of a Level-1 Trauma Center.

Methods: A qualitative survey questionnaire was distributed to 42 ECPs who worked in the ED of the All India Institute of Medical Sciences. Responses of ECPs were compiled and analyzed.

Results: A total of 78.6% of nurses, 19.1% doctors, and 2.4% registration clerks participated in the study. A total of 54.8% were female. A total of 85.7% had five years of work experience in the ED. A total of 59.5% witnessed and experienced verbal abuse; 19.04% witnessed and experienced physical abuse. The remaining experienced and witnessed verbal abuse as well as physical abuse. A total of 57.1% had experienced VI multiple times in last six months. Of these, 88.2% faced the incident between 8 pm and 8 am. The ECP reported the incident to hospital authority's 54.8% of the time, 19.1% reported it to the police, and 14.29% did not report, while 7.1% reported to police and hospital administration. Eighty-five percent experienced insecurity & emotional disturbance. Patient-related factors included intoxication and anxiety. Healthcare system-related factors included delay in investigations, non-availability of beds, overcrowding of ED, and lack of staff. A total of 47.7% of participants felt that there was improper communication between healthcare workers and 40.1% felt that non-availability of senior doctor were the system deficiency factors. A total of 16.6% of ECPs had formal training regarding communication skills, and 11.9% had grief counseling. All respondents felt that steps should be taken to decrease and mitigate the VIs in the ED.

Conclusions: Verbal and physical abuse of emergency care workers is common.

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(P2-65) Perception of Emergency Care Providers Toward the Implementation of an Electronic Medical Record System in the Emergency Department of a Level-1 Trauma Center

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Background: Manual documentation has an inherent problem of improper communication, manipulation, and validity. An electronic medical record (EMR) is a computerized medical record created in an organization that delivers care, such as a hospital. EMRs tend to be a part of a local, stand-alone, health information system that allows for storage and retrieval.

Objectives: The objective of this study was to assess the perception of emergency care providers toward the implementation