

regions of Georgia and creating a bank of information will provide analyzes and estimation of the information about performed work, also for the creation of methodological approach and normative acts.

Keywords: development; emergency medical care; hospital; Georgia; prehospital; prevention; rehabilitation; system

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A Decade of SAVAN: The Journey so Far

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SAVAN is an acronym for "Save Accident Victims Association of Nigeria". The pre-SAVAN era in Nigeria was characterized by patient rejection at emergency rooms because of a lack of ability to pay for services as well as problematic hospital policies. This, in the face of virtually non-existent prehospital care, culminated in unacceptably high rates of morbidity and mortality for accident victims.

It was against this backdrop that the concept of SAVAN was developed. The challenges have been daunting, coupled with a rapidly expanding scope of operations borne largely out of necessity. Significant successes have been made, particularly during the last decade. SAVAN has continued to strive to rectify some of these problems by collaborating with several designated hospitals. This is made possible via a host of programs like seminars, workshops, use of volunteer workers.

SAVAN has grown substantially and continues to strive towards its vision of "acceptable" levels of morbidity and mortality in Nigeria.

Keywords: Nigeria; prehospital care; SAVAN

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Role of Standard Treatment Protocol (STP) in Crush Injury

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At 05:26 hours on 26 December 2003, a major earthquake (6.5 on the Richter scale), struck the city of Bam. More than 30,000 people were killed, and approximately 20,000 were injured (of which some 12,000 were evacuated).

Beginning on the first night, 801 patients were admitted to hospitals during the first 72 hours following the quake. Most of these patients arrived at one of three university hospitals in Tehran during the first 24 hours. Admissions were based on a surgical emergency team's judgment provided at the airport.

In the department of internal medicine, an emergency medical team was organized, including medical residents under the supervision of nephrologists. In the three university hospitals, in order to initiate effective therapy as soon as possible, a standard treatment protocol (STP) based on collected relevant clinical information and designed by the Iranian Nephrology Society (INS) was administered. Patients who were admitted to other city hospitals and who were referred to the Iranian hospitals were treated using different methods and with variable volume and hydration

therapy (control group). In this presentation, the results of administering a STP are compared with those in the control group, and the effectiveness of both methods was evaluated. A total of 801 patients were transferred to Shaheed Beheshti University of Medical Sciences, of whom 20 (mean age 36.2 ±14.8 years, 15 males) developed acute renal failure, with a mean duration of 14.5 ±9.6 days. A control group was selected from those patients, and was treated with other treatment protocols in other medical centers. The prevalence of acute renal failure was significantly lower in the first group, compared to the control group.

Conclusion: An STP is more effective in terms of prognosis of the patients with crush syndrome. The level of creatinine kinase (CK) is the standard test for diagnosis and follow-up of the patients with crush syndrome. The CK curve is the best index for making decision about the need for dialysis.

The following issues must be considered as questions and recommendations to overcome the crush syndrome: (1) criteria for screening high-risk patients; (2) criteria for patients developing ARF; (3) need for significant predictors of the need for dialysis; (4) predictors of death; (5) the role of the use of Ward and Gabow formula for identifying high-risk patients in earthquake victims; (6) the role of the use of trauma scales in evaluating the earthquake victims; (7) the development of a specific trauma scale for earthquake victims; (8) the role of prophylactic hydration therapy in prevention and delaying the development of ARF and needs for dialysis; (9) the use of high tonicity versus low tonicity prophylactic solutions in patients with rhabdomyolysis; (10) the administration of bicarbonate and its role in prophylactic hydration therapy in patients with rhabdomyolysis; (11) the use of oral hydration therapy in prophylaxis of myoglobin-induced ARF; and (12) designing and distributing appropriate disaster victim charts in hospitals throughout the country, based upon this experience with Bam patients (limitations and shortages of response to this questionnaire).

Keywords: acute renal failure (ARF); Bam; crush syndrome; dialysis; earthquake; standard treatment protocol (STP)

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Determination of the T1:T2:T3:T4 Ratio in Coordinating Missions of Emergency Physicians (CEP), and Estimate of Mean Severity Index of CEP Missions in Bavaria

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Introduction: Results from the educational efforts from the BLAEK in Munich, Germany, Coordinating Emergency Physicians (CEPs) have been available in the RCCs in Bavaria since the mid-1990s.