

caution for resuscitation of patients in traumatic hypovolemic shock with or without head injury.

Keywords: hypertonic saline; isotonic; prehospital; Ringer's Lactate; traumatic shock

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(123) Case Report of Survival in a Patient with 90% of their Total Body Surface Area Burned

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Background: During the last 10 years, there has been a decrease in the mortality rate of burned patients. Despite this improvement, mortality is still high in the presence of inhalational injury, or patients with large total burn size and >60 years of age.

Case Report: A healthy, 17-year-old man was burned by ignition of his clothing in an enclosed space. He was taken to the local hospital where his burn area was evaluated as 90% of his total body surface area (mainly 3rd degree burns with 7–10% of 2nd degree burns). After initial treatment and stabilization, the patient was transferred to the Burn Unit of Santa Maria University Hospital. He was mechanically ventilated for 43 days, and was treated successfully for pneumopathy, various infections, and acute cholecystitis. The patient underwent 11 surgeries, and early skin graft was done successfully for all the burned area. After 80 days of treatment in the Burn Unit, he was discharged to the plastic surgery ward of his local hospital, where he continued specific physical therapy and antidepressant treatment. At the time of discharge, he was able to communicate, feed himself, and ambulate with help.

Conclusions: There are few multi-center, prospective, clinical burn trials, leading to divergent methods of practice. Survival of patients with 90% of total body surface area burned in their first hours is rare. Proper treatment in this period is crucial. To the authors' knowledge, this is a unique case of survival of such a patient in Portugal.

Keywords: burn injury; burn patient; survival of burn victims; total body surface area

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(124) Emergency Transport for Acute Chest Pain Patients: Does it Affect Hospital Treatment?

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Introduction: Emergency transport of patients to the hospital for acute chest pain is critical for timely access to medical treatment. Transport management decisions may affect transitions between first responders and emergency department (ED) personnel. This study investigates whether patient characteristics factor into decision algorithms regarding emergency transport and whether these characteristics affect in-hospital treatment times.

Methods: Emergency medical transport decisions such as circumstances leading to use of lights and sirens (LAS) were analyzed to determine whether any patient character-

istics were related to the decision to use LAS and whether LAS affected the time interval between arrival to the hospital and patient treatment.

Results: Patients transported by ambulance were older and had a higher prevalence of previous cardiac event. The median interval between symptom onset and ED arrival was 121 minutes (range 5 to 590 minutes). Transport by emergency medical services (adjusted hazard ratio 0.28 [95% confidence interval 0.19 to 0.41]), increasing age (hazard ratio 0.99 [95% CI 0.98 to 0.99]), and symptoms considered urgent were the factors most strongly associated with a shorter out-of-hospital interval. LAS were used 87% to the scene and 26% to the hospital. Hospital staff responded more quickly to ambulances coming in with LAS; ER physicians evaluated patients in 9.8 minutes versus 17.2 minutes without LAS.

Conclusions: Patients who receive emergency transport with LAS for acute chest pain to the ED will be evaluated sooner and the interval between symptom onset and time to ED arrival are decreased. Potential rationale for this result is discussed.

Keywords: acute chest pain; cardiac event; emergency department; emergency transport; lights and sirens

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(125) Amatoxin Intoxication After Wild Mushroom Ingestion

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The case of three patients with gastrointestinal symptoms and hepatitis after ingestion of *Amanita phalloides* (Deathcap or Death angel) mushrooms will be presented. Patient A, a 54-year-old Chinese man, and Patients B and C, a 51 and 55-year-old Chinese woman respectively, presented with stomach pain, nausea, vomiting, and diarrhea after eating home-made soup with wild mushrooms. Patient A looked ill, with RR 132/78, pulse 55/minute, a temperature of 37°C, and active peristaltics. Liver enzymes were elevated slightly. Patients B and C presented similarly. The suspicion of amatoxin intoxication was confirmed by measuring urinary a-amanitin concentration. The patients received fluid infusion, activated charcoal, high dose IV benzylpenicilline, N-acetylcysteine (NAC), and silibinin, an experimental antidote. After 3–4 days, their liver enzymes reached maximum elevation and then decreased. All patients recovered fully and were discharged after eight days.

Amanita phalloides is a highly toxic mushroom. One specimen can contain enough poison (amatoxin) to kill a healthy adult. Amatoxin inhibits RNA polymerase II, leading to cell death, with mortality rates of >90%. The intoxication is divided into four phases: (1) the latent phase; (2) the gastrointestinal phase; (3) the second latent phase; and (4) the hepatic phase, leading to hepatic-renal failure and death. The classic treatment is supportive. However, an experimental drug silibinin has shown to be effective against amatoxin by decreasing drug conversion, but it is