

### Compression Effect Applied for Hypertension Treatment

*V.D. Maly; O.M. Makarenko*

Kyiv Medical Academy for Post-Graduate Training, Ukraine

As a result of clinical-experimental studies, the possibility of non-medicament correction of arterial pressure (AP) by applying compression to chest was detected. The chest dosed compression appeared to cause a complicated reflex-hemodynamic reaction, decrease in the AP being the most favorable result. Evaluation of the therapeutic effects of compression of the chest is the object of this study.

A device we designed for this purpose was used. Compression was given to a group of patients with elevation of AP upon the clinical-instrumental examination, showed I-II St. of hypertension. Forty-four patients of both genders at the age of 31 to 48 years were included in the group. Studies performed demonstrated the dosed compression effect on chest of patients with hypertension to result in a persistent hypotension reaction. Treatment was carried out once a day for 7–10 days. For the period stated, patients were given no hypotension drugs. They were subsequently observed for 5–10 days following completion of their treatment. AP was measured before and after the compression. Mean diastolic pressure before treatment was  $168 \pm 4.1$  mmHg, diastolic pressure was  $97 \pm 3.9$  mmHg. Following the application of the compression procedure, the systolic pressure decreased at average of 7.2% and the diastolic pressure decreased 5.4%, making up 150/89 mmHg. Data obtained show the possibility for obtaining an immediate hypotensive effect, both in case of permanent hypertension and for hypertensive crisis.

Further studies of the compression therapeutic effects, both as a possible alternative use of drugs and as an independent treatment of hypertension may be considered as a promising therapeutic modality

**Key Words:** arterial pressure, chest compression

### National Hospital Tokyo Disaster Medical Center—The Philosophy for Disaster: It's Role and Function

*H. Nishi; Y. Haraguchi; Y. Tomoyasu; T. Arai*

Tokyo Disaster Medical Center, Midoricho, Tachikawa-City Tokyo, Japan

At the Tachikawa, large-scale disaster-response base, the disaster-related facilities of all relevant ministries and agencies have been stationed in a functional manner. In the event of a disaster, the base will act as a center for leading countermeasure activities, while the National Hospital Tokyo Disaster Medical Center will take charge of disaster-related medical care.

During normal periods, the Center will provide highly-advanced emergency medical care and comprehensive medical treatment, but also will commit itself to conducting clinical studies focusing on disaster-related medical care, as well as carrying out the education and training of medical practitioners, related health workers

and the general public.

The training and education in disaster for medical teams was repeated five times since the Center was established in July 1995. The Center, as one of the core National Centers offering disaster-related medical care over a large scale area, will make statements regarding its fundamental philosophy, function, and role.

**Key Words:** disaster medicine; education philosophy; research; training

### Precautionary Hospital Plan for Mastering Extreme Numbers of Accident Victims

*R. Habeler; G. Pfaringer; W. Hoerbst; G. Kroesen*

Institute for Emergency and Disaster Medicine, Department for Anesthesia and Intensive Care, Innsbruck, Austria

Disaster action plans are prescribed by law for all public buildings in Austria, especially for hospitals. They serve to protect human life and property in the event of danger or hazard (fire, earthquake, terrorism, etc.), and constitute part of the Austrian Civil Defense Order. In addition, public hospitals are required by law, to admit and treat accident victims.

To date, Austrian hospitals are not bound legally to have on hand appropriate action plans to cope with major disasters (avalanche, flood, aircraft crash, railroad accident, etc.) involving large numbers of victims. In order to be able to master such situations, hospitals have prepared precautionary plans at their own initiative. Most of these plans are similar.

The disaster action plan for the Innsbruck University Hospital was modeled closely after the guidelines for the Zurich University Hospital. The disaster event is reported to the hospital by rescue headquarters and triggers an alarm that can be one of varying degrees to match the severity of the event. Innsbruck University Hospital now can cope with the victims of a disaster up to the level of a third-degree alarm. For disasters of a more serious nature, the Civil Defense and Disaster Action Committee of the Tyrolean State Government takes over. This precautionary hospital plan covers rerouting of vehicles on the hospital grounds for orderly patient delivery, secondary triage, infrastructure for victims waiting for and undergoing treatment, recall of off-duty personnel, reassignment of space, ensuring availability of operating rooms, making information known to relatives and the public, and the organization of a central bed referral unit.

**Key Words:** alarms; disaster; hospital; hospital disaster plans; hospital planning; planning

### Regional Anesthesia in Emergency and Disaster Medicine

*B.I. Bartashevich; V.L. Radushkevich;*

*Yu N. Karavaev*

Fast Medical Aid Hospital, Novovoronezh, Russia

Analysis of reports of the use of regional anesthesia allows prediction of wide prospects for the use of con-