Number of Hospital Admissions Prior to Reaching a Burn Center: Effects on Applied Treatments

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Introduction: A comparison of the number of applied treatments given to burn patients was conducted among patients with different numbers of hospital admissions prior to arrival at a specialized burn center.
Methods: Retrospective analysis was performed using data from 126 burn patients who had been hospitalized within 24 hours of injury at the Baskent University Burn Unit in Adana, Turkey, between April 2000 and June 2004. Subjects were divided into two groups: (1) those with no or one previous hospital admission (group 1, n = 64); and (2) those with two or more previous hospital admissions (group 2, n = 62)
Results: Mean percentages of total body surface area burned in patients in groups 1 and 2 were 29.0% ±2.86% and 32.6% ±2.89%, respectively ($p = 0.37$). Corresponding mortality rates were 17.2% and 16.1% ($p = 0.87$).
Conclusions: Patients transported to multiple centers on the first day following a burn require more operations for debridement and grafting, usually owing to the limited facilities for burn treatment in emergency units and the long distances traveled to specialized facilities. Burn patients transported directly to a dedicated burn unit may undergo specialized treatment earlier and, therefore, require fewer operations for debridement and grafting.
Keywords: admissions; burns; hospital; treatment; victims
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Keynote 2: Post-Conflict Recovery

Chair: Jim Ryan

Thursday 19th May 2005 Nurses, Paramedics, and AHPs in Disaster Care

Chair: Joanne McGlown

Plenary 2: The Peter Safar Lecture

Peter J.F. Baskett

ILCOR 2005 Guidelines on Resuscitation

Position Statement

Increasing International Collaboration through the WADEM

Frank Archer

"The World Association for Disaster and Emergency Medicine (WADEM) was originally founded as the Club of Mainz on 02 October 1976, with a goal of improving the worldwide delivery of prehospital and emergency care during everyday and mass disaster emergencies. Following the constant development of its scope and extension worldwide, and to better reflect its nature, the organization's name was changed to the World Association for Disaster and Emergency Medicine, to focus its members' expertise on the scientific investigation and improvement of disaster and emergency health response. Ultimately, the organization exists to foster international collaboration in the application of knowledge gained from data collected through qualitative and quantitative research to the development of strategies aimed at promoting all aspects of human health, decreasing susceptibility, and increasing resilience to future health disasters and emergencies".[1]

Recently, there has been an increasing, but largely uncoordinated, literature base and academic activity in this field of global significance, but doubt remains regarding the effectiveness of health interventions in disaster and emergency situations. This presentation asks, "Is the current structure of the WADEM capable of supporting this global increase in knowledge and scientific activity, including education and dissemination, or are the needs such that a new model should be examined?" To help explore this question, the organizational and functional structure of the Cochrane Collaboration, an international organization of health professionals and consumers which prepares and maintains systematic reviews of the effectiveness of health care and disseminates them widely to influence decisions about healthcare provision and practice, will be explored to illuminate a potentially exciting structure for a component of the WADEM's mission. Similarities and opportunities are identified for the WADEM to move to the next stage of its historical development to maintain its global leadership as the "WADEM Collaboration".

References:
1. World Association for Disaster and Emergency Medicine: The History of WADEM. Available at www.wadem.medicine.wisc.edu. Accessed 08 February 2005.

Keywords: adaptation; Cochrane Collaboration; goals; history; organization; World Association for Disaster and Emergency Medicine (WADEM)
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Theme 6: Public Health and Disasters

Chairs: Steve Rottman; Jane Knight

Great Questions in Public Health

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The 11 September 2001 attacks cast an enormous amount of concern, attention, and opportunities for debate and improvement towards the United States (US) public health system. Great attention was paid towards the "public health response" to emergencies that introduced terminology that now is commonplace both to scholars of this discipline as well as the mainstream public. Moreover, the disaster system needs to be questioned in terms of identifying and characterizing our key frontline fighters who are "first responders", as well as truly assessing the role of hospitals as a main piece of infrastructure in emergency response.

Key questions to be addressed include: (1) What is preparedness? How do we measure it?; (2) What is quarantine? How is it defined in a population?; (3) When do we transition from "standard of care" to "sufficient care"; and (4) What does this mean?