

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

M. Ortatagli,¹ R. Gumral,² H. Uckardes,³ M. Eroglu,⁴
L. Kenar,¹ Y.E. Eyi,⁴ I. Arziman,⁴ M. Durusu⁴

1. Department of Medical Cbrn Defense, Etlik - Ankara, Turkey
2. Department of Microbiology, Ankara, Turkey
3. Erzurum, Turkey
4. Department of Emergency Medicine, Etlik - Ankara, Turkey

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 ribavirin.

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

K. Sharma, S. Bhoi, S. Chauhan

Emergency Medicine, New Delhi, India

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

S. Chauhan,¹ S. Bhoi,¹ D.T. Sinha,² M. Rodba,² G. Adhikari,²
G. Sharma,² K. Sharma,² R. Kumar²

1. Department of Emergency Medicine, Trauma Centre, India
2. Emergency Medicine, New Delhi, India

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