

phase. Strategies are required to manage demand, increase turn-around and educate the public on appropriate use of prehospital emergency services.

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Emergency Medical Service Facilitated Geriatric Emergency Department Visits in Hamilton, Ontario, Canada During the COVID-19 Pandemic

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Introduction: To determine if lockdown measures related to the COVID-19 pandemic changed the frequency and epidemiology of geriatric patient emergency medical service (EMS) facilitated visits to the emergency department (ED) in Hamilton, Ontario, Canada.

Method: A retrospective chart review was conducted comparing ED presentations of patients over 65 years of age presenting to two academic hospitals in Hamilton, Ontario via EMS between March 17, 2020, and July 15, 2020 (the first wave of the COVID-19 pandemic) to March 17, 2019, and July 15, 2019 (pre-pandemic).

Results: Total EMS facilitated geriatric ED number of visits decreased by 17.3% during the first wave of COVID-19 in 2020, relative to the same seasonal time frame in 2019 (March 17– July 15). Visits were more dramatically decreased in the first 8 weeks after the pandemic was declared but then recovered to pre-pandemic levels thereafter. More geriatric patients visiting the ED via EMS were admitted during the initial stages of the COVID-19 pandemic, relative to 2019. However, the acuity and epidemiology of visits remained the same during the first wave of the COVID-19 pandemic, relative to 2019.

Conclusion: Lockdown measures during the first wave of the COVID-19 pandemic coincided with decreased geriatric EMS ED visits in the initial two months after the pandemic was declared. Visit numbers recovered as the first wave ended. The epidemiology, as well as the overall acuity, did not change.

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Festina Lente: Bradycardia as a Presenting Feature of Life-Threatening Intra-Abdominal Hemorrhage

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Introduction: Trauma is one of the leading causes of death in patients under 40 years of age. The Advanced Trauma Life Support (ATLS) Guidelines are widely accepted as the standardized approach to trauma and classify hemorrhagic shock according to heart rate (HR), blood pressure (BP), urinary output, and mental status. Paradoxical bradycardia (defined as HR <60 bpm) in hemorrhagic shock is an uncommon presenting feature and presents a diagnostic challenge to the physician; its true incidence is unknown.

Method: A case of paradoxical bradycardia was examined as a presenting feature in hemorrhagic shock.

Results: A 17-year-old male patient presented to our Emergency Department (ED) with collapse and abdominal pain following a collision with another player during a sports match.

The patient was hypotensive (BP 92/42) and bradycardic at triage, with a heart rate of 50. He was pale and diaphoretic with a Glasgow Coma Scale of 13/15, thready pulses, and localized peritonitis in the left upper quadrant of his abdomen.

An increase in blood pressure was observed following initial fluid resuscitation; however, this was transient and preceded the onset of profound hypotension (BP 64/30). Bradycardia with a heart rate between 50–60bpm was persistent despite resuscitative efforts.

Abdominal ultrasound demonstrated intraperitoneal free-fluid, and Computerized Tomography confirmed the presence of a grade V splenic laceration. He was taken to the operating theater for emergency laparotomy and underwent splenectomy. A 2.3 liter hemoperitoneum was found intraoperatively. There were no further complications post-operatively, and he made a full recovery.

Conclusion: Tachycardia is a potentially unreliable marker of blood loss, especially in young, healthy patients. A high index of suspicion is necessary to prevent this uncommon but life-threatening feature of hemorrhagic shock from being overlooked.

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Case Report of an Irish NGO Providing Educational Support in Establishing a Major Trauma Center in a Low-Middle-Income Country

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Introduction: St. Joseph's Mission Hospital, Nyabonda, Kenya is the site chosen for a new Trauma Response Center as part of a