

of an EMR System in the emergency department of a Level-1 Trauma Center.

Methods: A qualitative survey was conducted among consenting doctors and nurses in the emergency department of the All India Institute of Medical Sciences February to October 2010. Data were collected from a sample of 22—eight doctors and 14 nurses. The collection tool was a structured, closed-ended questionnaire of 12 questions based on usability, applicability, and security, of EMR. A Likert scale (LS) was used (1 = worst, 4 = best). Surveys were done on Day 20, Day 45, and after nine months of implementation of. Responses of emergency care providers were compiled and analyzed using SPSS version 16.

Results: Three surveys consisted of 22 participants in each survey. The survey domain of usability improved on Survey 3 (LS = 2.57), Survey 2 (LS = 2.46), Survey 1 (LS = 2.24). Application of EMR improved from Survey 1 to Survey 3. The data regarding perception of security concerns such as manipulation of data, transparency, and accountability were comparable among Survey 1, Survey 2, and Survey 3. Initial satisfaction was strongly associated with perception of usefulness of data mining for research purposes.

Conclusions: Satisfaction with an EMR system at its implementation generally persisted through the first year of use. Implementation plans must include positive reinforcement regarding EMR among emergency care providers.

Prehosp Disaster Med 2011;26(Suppl. 1):s156–s157
doi:10.1017/S1049023X11005097

(P2-66) Experience of 14 Cases Exposed to Hydrazine

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Hydrazine, a highly toxic agent is mainly used as a high-energy rocket propellant or reactant in military fuel cells, in nickel plating, in the polymerization of urethane, for removal of halogens from wastewater, as an oxygen scavenger in boiler feedwater to inhibit corrosion, and in photographic development. Short-term exposure to high levels of Hydrazine may cause irritation of eyes, nose, and throat, headache, nausea, dizziness, pulmonary edema, seizures, and coma. Acute exposure can also damage liver, kidneys, and central nervous system. Dermatitis may develop by skin contact. In this article we aimed to present our experience belongs to 14 cases exposed to Hydrazine. Cases were evaluated retrospectively based on demographic data, exposure type, approximate exposure time, clinical features, lab analyzes and results of follow-up. Cases were all male personnel. Mean age and standard deviation were 30,28 and 6,73 respectively. All cases were exposed to Hydrazine in an open place during the monitorization of aircraft for a couple of seconds. Personnel were presented to feel an odor similar to garlic in their nasopharynx. Retrosternal burning was the preponderant symptom in 6 of the cases. The vital signs and physical examination provided no valuable data. Evaluation of Whole Blood Count, Arterial Blood Gas, Biochemical Parameters, Urine Tests, ECG and Chest Radiograph took place in diagnosis period. Respiration function tests were performed on the 6 of the cases who had respiratory complaints. All tests revealed unremarkable data. All cases were

subjected to reevaluation in the end of next 48 hours. No complications were encountered on the next examination. Our cases presented no mortality and complication due to having information about Hydrazine and short-term exposure and exposure in open place. Of personnel working in such places including Hydrazine, having information about Hydrazine, is the leading factor in preventing mortality and complications of Hydrazine.

Prehosp Disaster Med 2011;26(Suppl. 1):s157
doi:10.1017/S1049023X11005103

(P2-67) Torsade De Pointes and Ventricular Fibrillation Accompanying Intracerebral Hemorrhage

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A 43-year-old patient with well healthy in the past was admitted after a accidental falling down injury. Upon arrival at the Emergent Department, he was unresponsive. (Glasgow coma scale = E1V1M1). The continuous Electrocardiological monitor demonstrated ventricular fibrillation without pulse, and the defibrillation (360 J) with intravenous Epinephrine (1 mg) push was given. The electrocardiogram (ECG) returned to sinus tachycardia. The endotracheal tube was intubated to keep airway patent and ventilation under the unstable vital sign. Ten minutes later, the polymorphic ventricular tachycardia (torsade de pointes) were recorded by continuous ECG. After defibrillation (360 J) twice with intravenous Epinephrine (1 mg) and Amiodarone (150 mg), the rhythm returned to normal sinus rhythm, and the vital sign recovered gradually. The laboratory evaluation showed no abnormality. The cranial computed tomography was done thereafter which showed occipital bone fracture with subarachnoid hemorrhage, subdural hemorrhage and epidural hemorrhage (Figure 2, arrows indicated hemorrhage). Clinical study has shown increased sympathetic activity in patients with acute intracranial hemorrhage. The increased level of catecholamines would lead to QT prolongation or hypokalemia, which are the predisposing factors of the development of torsade de pointes. Although, the definitive confirmation of a cause and effect relationship about intracranial hemorrhage and torsade de pointes is still controversial, the life-threatening arrhythmia, including atrioventricular blocks, ventricular tachycardia, and fibrillation, which accompany acute cerebral accidents in patients without cardiac disease is observed in many case reports. In our experience and clinical observation, patients should be constantly monitored after acute cerebral events. Besides, the treating team should be familiar with and well-trained in the diagnosis and treatment of cardiac arrhythmias.

Prehosp Disaster Med 2011;26(Suppl. 1):s157
doi:10.1017/S1049023X11005115

(P2-68) Mental State of Healthcare Workers in a Designated H1N1 Screening Center

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Introduction: In Singapore, the H1N1 outbreak lasted 108 days. The study emergency department (ED) was designated as Singapore's H1N1 screening centre for the borders and the