

the HSI use, and devise recommendations for future adaptations of the tool.

Method: A retrospective qualitative study employing semi-structured online interviews was conducted to gather opinions and perspectives of professionals using the HSI to assess disaster preparedness. Participants were recruited by contacting via email the authors of scientific publications on the use of the HSI.

Results: In total, nine people from three different countries (Serbia, Sri Lanka, and Indonesia) and having different professional backgrounds agreed to participate in this study. They shared the reasons for their choice of using the HSI, against other tools, as well as the steps taken before and during data collection. Strengths and weaknesses of the HSI were identified and authors reported the challenges they encountered in the preparatory phase and during data collection. Modifications of the tool and recommendations for the future were proposed targeting both researchers and hospital managers.

Conclusion: As far as the authors know, this is the first qualitative study examining the methodological implications of using the HSI and providing practical recommendations that can advance the HSI tool and foster its use for disaster preparedness assessments worldwide.

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Gallstone Ileus, A Rare Yet Deadly Cause of Small Bowel Obstruction

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Introduction: Gallstone ileus is a rare cause of intestinal obstruction. It commonly affects older patients with significant medical conditions. This disease has a high mortality rate (12–17%), hence should be an important diagnosis to consider, especially as the geriatric population grows worldwide.

Method: Case Report:

84-year old gentleman, with diabetes and ischemic heart disease, presented with diarrhea, vomiting and fever for one day. He was febrile, tachycardic and hypotensive. There was lower abdominal tenderness with guarding. Labs done revealed metabolic acidosis with a raised lactate along with raised inflammatory markers. Impression was intra-abdominal sepsis, with a need to rule out mesenteric ischemia. He underwent CTAP which revealed gallstone ileus. The gallbladder was collapsed and pneumobilia was present in keeping with fistulation. Dilated small bowel loops were present with a transition point at the distal jejunum or proximal ileum, where there are two gallstones. Patient underwent exploratory laparotomy. There was an obstructing large gallstone 100cm from the DJ flexure. After removal of gallstone and decompression, the bowel was pink with areas of bruising. Patient was hypotensive intra-operatively likely contributed by septic shower, requiring dual vasopressors. He was transferred to the ICU post-operatively and

developed cardiogenic shock with type 2 respiratory failure precipitated by sepsis. He demised on Day 2 post-operatively.

Results: Gallstone ileus is caused by intestinal impaction of a gallstone that has migrated through a cholecystoenteric fistula. The classic radiologic sign of gallstone ileus is Rigler's triad. This is only picked up 15% of the time on plain abdominal x-rays. Early CT scans can reveal Rigler triad up to 80% of the time. Surgical management remains the cornerstone of treatment.

Conclusion: Gallstone ileus remains a diagnostic challenge as patients present with non-specific signs and symptoms. It is prudent for emergency physicians to consider this disease in elderly patients who present with small bowel obstruction.

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EMS Calls for Service at Adult Detention Centers—A Descriptive Study

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Introduction: Incarcerated individuals represent a particularly vulnerable sector of society, with a disproportionate burden of drug use, mental health problems, and chronic illness. The purpose of this study was to perform a descriptive analysis of EMS response to detention facilities.

Method: Retrospective review of EMS calls to detention facilities between 1/1/2002 and 12/31/2021 within our EMS system. Data were analyzed using descriptive statistics and Student's t-test. This study was deemed exempt by the Institutional Review Board.

Results: 3,126 requests for service occurred during the study period. Average patient age was 40.2 ± 13.3 years, compared with 54.0 ± 25.9 years for non-detention center calls (p < 0.001). The majority (80.8%) of patients were male. Mean scene time was 14:13 ± 7:49 minutes, compared with 12:04 ± 12:27 minutes (p < 0.01) for non-detention center calls. The most common complaints were chest pain (15.6%), trauma (13.6%), seizure (11.7%), behavioral (9.2%), and overdose (4.7%); OB requests accounted for 5.8% of calls for female patients. Most calls (86.0%) to detention centers involved incarcerated individuals. Four percent of patients refused treatment; 27.8% of these patients were still transported. One hundred and eight patients were identified by EMS as not needing transport. Consent for treatment/transport by the patient was documented in 5.2% of charts.

Conclusion: Within our 911 service area, calls to detention facilities are not uncommon, predominantly involve incarcerated individuals, and are primarily due to chest pain, trauma, or seizures. Consent for treatment/transport was not documented in most EMS encounters. Further study is needed to better understand the health care needs of these patients, including ability to consent and access to chronic medications.

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