

# Abstracts of Scientific and Invited Papers 16th World Congress for Disaster and Emergency Medicine

12-15 May 2009  
Victoria, British Columbia Canada

## Opening Keynote 1

Something's Gonna Getcha? Or Maybe Not: Preparing for Public Health Challenges and Emergencies in the 21<sup>st</sup> Century

Dr. David Butler-Jones

Chief Public Health Officer, Public Health Agency of Canada

Dr. David Butler-Jones, Canada's first Chief Public Health Officer and head of the Public Health Agency of Canada, will address the evolution of emergency preparedness and response in public health since the SARS outbreak of 2003. Dr. Butler-Jones will discuss the work of the Public Health Agency and the broader public health community to develop and maintain national emergency response plans, to monitor outbreaks and global disease events, to assess public health risks during emergencies, and to advise governments and collaborate internationally to protect the health and well-being of Canadians.

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## Opening Keynote 2

Global Climate Change: A Public Health Disaster in Slow Motion?

Jonathan Patz, MD, MPH

Professor of Environmental Studies and Population Health Sciences, University of Wisconsin

## Poster Presentations—Case Reports and Medical Issues

(A1) Acute Adrenal Insufficiency after Single Dose Etomidate

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Adrenal insufficiency secondary to the use of Etomidate (Amidate, Abbott Laboratories, IL) infusion in intensive care units is well described, especially among critically ill patients. However, few cases of adrenal insufficiency after a single dose of Etomidate have been described. The use of Etomidate for induction of anesthesia is common for the

hemodynamically unstable patient or among patients who may not tolerate a wide variance in heart rate or blood pressure. This report describes a 52-year-old male patient with a past medical history of high blood pressure, a chronic smoker, and a victim of cerebral vascular accident in 1994 who was scheduled for abdominal aortic aneurysm repair of 6.0 cm. Before induction an epidural catheter was placed both for intraoperative anesthesia and postoperative analgesia. The patient was premedicated with Midazolam and induced with Fentanyl (2 mcg/ml) and Etomidate (0.3 mg/ml). During the intraoperative period the patient was hemodynamically stable. The patient developed hypotension with poor response to inotropics after surgery was completed and 10 minutes after extubation. Hemodynamic instability of the patient was attributed to adrenal insufficiency after a single dose of Etomidate due to low cortisol levels. The patient's critical condition improved drastically after exogenous glucocorticoids treatment.

**Keywords:** adrenal insufficiency; anesthesia; emergency medical services; Etomidate; hemodynamic; induction

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(A2) Use of Glyceryl Trinitrate Patches in the Treatment of Accidental Digital Injection of Epinephrine from Autoinjector

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The use of epinephrine auto-injectors for self-administration at times of severe allergic reaction is on the rise both in children and adults. There also is worldwide increase in the incidence of patients attending Emergency Departments with accidental epinephrine (Epipen) injuries. The suggested incidence in the United Kingdom is about 1 per 50,000. Digital injection of epinephrine produces spasm of the end-arteries, and hence, has the potential for digital necrosis. Seven cases that have been effectively treated by simple application of GTN patches in the Emergency Departments at The Royal Berkshire Hospital, Reading and at Raigmore hospital Inverness are reported.

**Keywords:** autoinjector; digital injection; epinephrine; Glyceryl Trinitrate; necrosis

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