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COMPARISON OF EFFICIENCY OF BIPHASIC SINUSOIDAL WAVEFORMS WITH DIFFERENT AMPLITUDE OF SECOND PHASES IN TRANSTHORACIC DEFIBRILLATION OF DOGS

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Introduction. The defibrillation efficacy of biphasic waveforms (BW) depends on the first and the second phases (P1 and P2) amplitude ratio. The objective of the this study was to compare the threshold of defibrillation (DFT) in intact dogs with quasi-sinusoidal BW (P2 "55% of P1; 1st group, n = 36) and BW (P2 " 40% of P1; 2nd group, n = 21). DFT was defined as the lowest pulse value, that would terminate electrically induced 30 sec ventricular fibrillation. Peak voltage, current (I1, I2, A), delivered energy (DE, J) were measured for each pulse. Results (mean \pm SE). The table below shows that DFT (I1, DE) increases as I2 is decreases from .55 I1 to .40 I1 (*- p < .05).

BW	I1, A	DE, J
P2 " 55% of P1	8.6 \pm 0.5	17.4 \pm 1.3
P2 " 40% of P1	10.8 \pm 0.9*	24 \pm 2.9*

These data suggest, that optimum amplitude of the second phase of quasi-sinusoidal biphasic pulse is approximately 55% of the first phase

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DESIGN OF A GRAPHIC COMMUNICATION-BASED PROTOCOL TO PROVIDE THE DEAF WITH ACCESS TO THE 061 HEALTH EMERGENCY SYSTEM

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Objective: To design a protocol based on graphic written communication that affords the deaf population access to the 061 Health Emergency System, thus overcoming the obstacle posed by telephone contact. **Material and Methods:** Study Design: Observational Setting: The Autonomous Community (Region) of Andalusia (Granada, Spain). Target population: Individuals that are deaf or suffer a hearing loss that prevents normal use of the telephone. A committee of experts, supported with a search of the literature, carried out: 1) An analysis of the print communication media available to individuals with hearing loss. 2) A compilation of the requisite features of such a protocol, i.e.: It is fast and easy for the user to follow. It provides information that is precise and detailed enough for the coordinator to make a decision and deliver health resources consistent with the situation. Results: The graphic communication medium selected was the fax. A questionnaire was designed to gather and transmit information on the address of the Emergency, the severity of the patient's haemodynamic status, and on specific aspects of the condition that requires assistance, in order to guide the medical coordinator as to the resource to be used: mobile ICU, primary health care team and/or normal ambulance. A series of Health Advice Bulletins were produced, to be sent from the Coordinating Centre in response to the emergency call, giving concise instructions on what must be done before health care assistance arrives. Conclusions: This graphic-based protocol has been designed to open a door to the health system for the deaf population and thus improve their quality of life. We present our protocol as a starting point for similar developments using newer communication technologies.

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WE ARE TIED AT 14% SURVIVAL AFTER OUT OF HOSPITAL CARDIAC ARREST-WHY?

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Emergency Medical Service (EMS) in Sombor had rapid development in the in the last 10 years. ERC guidelines for CPR are in use since 1996. Number of survivors after out of hospital cardiac arrest increased constantly from irrelevant before 10 years to 14,6% in 1997. However, after this growth, it has been stabilized in last two years on 14%. Using our protocols according to Utstein style, we have made conclusions that intervals from receiving call for help to first defibrillation are shortened maximally. It is hard to believe that, for example, interval "vehicle started-vehicle stopped" could be shorter than current because of traffic development and widening of town. We are using all contemporary ALS accomplishments, such as defibrillation, i.v. access, medicaments, endotracheal intubations and mechanical ventilation. It is obvious that, on this field, there is not too much space for grater developments. Our problem is on the other side. First, we have near 60% of non VF/VT patients and secondly there is almost same number of witnessed, "unexpected", "sudden" deaths with assumed cardiac cause, where we do not attempt resuscitation, mostly because of time factor. In both situations main cause is that there is no any bystanders help. With all respect for technological development and skilled stuff of our EMS, we think that only effective education of community, which will result with bystanders BLS, can give us a chance to move from 14% survival and save much more lives.

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HOW EFFECTIVE IS THE RESUSCITATION OF THE DRUG ADDICTS, ON THE SPOT BY THE MOBIL UNIT OF THE GREEK ORGANIZATION AGAINST NARCOTICS

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Aim: The evaluation of the overdose treatment at a pre-hospital level on the spot, by the mobile unit (MU) Of the Organization Against Narcotics (OKANA) in Greece. **Method:** During two consecutive years (from 1/1/1998 to 31/12/1999) the MU of OKANA in collaboration with the National Center of First Aid in Athens have treated 2134 drugs addicts with emergency health problems. From those, 814 (35,17%) were found in overdose. The clinical diagnostic criteria that have been used in order to diagnose an overdose are the following 1) Respiration rate < 9 min; 2) Constricted pupils; 3) Signs of intravenous drug use (articles, syringes, witnesses); 4) Glasgow coma scale < 9; 5) Cyanosis. Three of the above mentioned criteria were necessary for the diagnosis. Results: The treatment of the patients in overdose was given on the spot (parks, roads, abandoned houses). Airway-ventilation-circulation support, opiodes and benzodiazepines antagonistics administration was used for treatment according the clinical evaluation. The resuscitation percentage was 100%. All patients should have been removed to the nearest hospital for follow up, but only 35,75% agreed, while the rest refused to. **Conclusions:** 1) The majority of our patients have used opiodes and benzodiazepines. 2) The emergency pre-hospital treatment of the drug addicts by the MU of OKANA was urgent and effective. 3) The majority of the patients (64,25%) refused to be removed to the nearest hospital for following up. 4) Finally, a very small number of patients visited the hospitals emergency units.