

**Method:** A semi-structured interview with 23 participants was conducted using qualitative content analysis. The study was conducted in Saudi border hospitals that are shared with Yemen. The COREQ guideline for reporting qualitative research was followed.

**Results:** The emergency nurses' roles in hospitals in the context of armed conflict discussed clinical nurses' and head nurses' roles. The main challenges that emergency nurses faced include poor orientation, access blocks, and communication barriers. Various perspectives about the preparation, including education, training, and strategies for preparing emergency nurses, were identified. The most striking findings in these settings were the diversity of armed conflict injuries, clinical profile, triage of mass casualty, trauma care, surge capacity, orientation, communication, and strategies for preparing nurses.

**Conclusion:** This study provided an estimate of the scope of ED nurses' roles, and how they were prepared across a range of hospitals in the armed conflict areas and therefore a snapshot of their experiences significant to be an informative resource for these settings. This study has provided essential implications for preparedness and planning. Given the large number of preparational courses being undertaken by ED nurses in these settings, the choice of the required education and training must be planned accordingly considering the clinical profile of patients in armed conflict areas, trauma care, triage of mass casualty, surge capacity, safety and security, communication, policies, and law.

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### Triage, Trauma, and Civil Unrest: Decreasing Critical Care Overcrowding and Nursing 'Undertriage' Praxes at the University of Gondar Public Hospital, Ethiopia

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**Introduction:** In March of 2022, the Washington Post reported that the: "Deadliest war isn't in Ukraine, it's in Ethiopia." Current death toll estimates are around 600,000: 50,000–100,000 (warfare); 150,000–200,000 (starvation), and 100,000 (lack of medical treatment). Due to increasing civil unrest, a mixed-methods study began at the University of Gondar Hospital in Gondar, Ethiopia. Between 2018–2022, the estimated (daily average) of patients was reported to have quadrupled, from 100 to 400. The global research team implemented 12 new systemic revisions in overcrowding, triage nursing praxes, and resuscitations. Patient data from 521 hospital records was evaluated, as well as resource allocation(s) in staffing, equipment, and training.

**Method:** The study's inclusion criteria for A&E data included all patients who sought emergency care at UoG Teaching

Hospital's Emergency Department between May 13, 2018, and June 29, 2018, primarily during the normal daytime working hours between 9am and 2pm, as nighttime security and road travel were deemed less secure for data collectors.

**Results:** After the 12-benchmark implementation, there was an approximate 15%–25% decrease in direct-from-triage 'Red' patient admission; congestion dropped 50%–70%; and the occurrences of successful resuscitations increased. The study revealed that over 75% of patients presented with symptoms indicative of illness(es), and 24.4% presented with trauma (remaining psychiatric). Of the trauma cases, approximately 28.3% were 'intentional' injuries. The patients' mean TEWS triage score was 3.294, with a standard deviation from the mean of 1.9938.

**Conclusion:** The overall prevalence of patients necessitating surgical evaluation, the elevated use of triage discriminators due to space, equipment, and staff concerns, and the predominant use of 'Yellow Zone' services—all pointed to the vital need for resource re-allocation(s), stricter ECCN adherences to TEWS triage indices, as well as future Mass Casualty Planning, Triage, and Response, and Mass Casualty Medical Operations training.

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### Ukraine Report from the Field: TCCC in the Multidomain Battlespace

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**Introduction:** Russia invaded Ukraine in February 2022, leading to significant preventable death across Defense forces and communities. When appropriate and adequate training has been provided, the use of point of injury (POI) care guidelines as exhibited by tactical combat casualty care (TCCC) and the implementation of damage control resuscitation (DCR) and damage control surgery (DCS) can reduce preventable morbidity and mortality in the far forward environment.

**Background:** Russia invaded Ukraine in 2014 exacting a heavy increase in preventable morbidity and mortality on the battlefield. Multiple global health engagement strategies by allied forces and health partners have focused on prehospital medicine. The most recent iteration of violence has seen a comprehensive invasion with the use of multi-domain battle and conventional weapons systems across nearly every state in Ukraine. These conventional weapon systems deployed by Russian forces exact a heavy lethality on all communities.

**Method:** This report uses anecdotal data from undisclosed locations in Eastern Ukraine from the tactical evacuation care, Role 1, Role 2 to the Role 3 echelons of care as reported.

**Results:** Appropriate application of combat application tourniquets (CATs), pressure dressings, access to tranexamic acid