

and (8) lessons learned from technological emergencies. The details of the consequences and issues associated with mutual management will be discussed.

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### (P2-100) Prognosis of Unknown and Unattended Patients in the Neurosurgical Department

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**Background:** In 2009 in Delhi, 7,516 road traffic crash victims were admitted to hospitals as unknown or unattended.

**Objective:** The aim of this study was to assess the morbidity and mortality of unknown or unattended patients and problems they faced relative to the provision of nursing care.

**Methods:** This is a retrospective analysis from February 2010 to August 2010 wherein all unknown or unattended patients with head injuries (Glasgow Coma Scale (GCS) score = 1–15) admitted to the neurosurgery department were included. The duration of hospital stay, admission GCS, and outcome were assessed and an attempt also was made to analyze the problems faced by nursing personnel.

**Observations:** The total number of patients enrolled was 38. Of these, 22 were unknown, and 16 were unattended. The average hospital stay of unknown and unattended victims was 35 (1–151), and 21 (7–120) days, respectively. The mean GCS score of unknown patients upon admission was 9 (3–15), and during discharge, 8 (3–15). The mean GCS scores of unattended patients during admission and discharge was 12 (13–15) and 14 (3–15), respectively. Of the 22 unknown patients, 24% were identified during their stay, 33% were transferred to rehabilitation homes, and 43% died without being identified. Of the 16 unattended patients, 25% went home, 63% were transferred to rehabilitation homes, and 12% expired. The most common problems faced during nursing care were contractures (8%) and pressure sores (11%), due mainly to their long hospital stays.

**Conclusions:** Patients remaining unknown/unattended is a unique problem as far as developing countries are concerned. Managing these patients is difficult, as they occupy hospital beds for a longer duration, and require more nursing care, and have higher mortality and morbidity. It remains surprising that in spite of advancements in the field of mass communication, almost 76% of the unknown patients remain unidentified.

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### (P2-102) Haiti Earthquake: Ankara UMKE First Term Field Studies

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In this study the cases occurred due to a direct effect of trauma and trauma-induced complications that might needed medical care and intervention in the field after the first 5 days of disaster were investigated. The cases in the field were determined by field screening and individual medical and surgical interventions have been conducted. The wounded that cannot be treated in the field were taken to the field hospital by the only available emergency ambulance, owned by Turkish Health Teams, to be treated by specialists. In the conclusion of the paper, the necessity and effectiveness of interventions provided to sick/wounded persons in the field who couldn't reach hospital was discussed.

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### (P2-103) Haiti Earthquake: Ankara National Medical Rescue Team Field Hospital Experiences

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An earthquake of 7.6 Richter scale occurred in Port Au Prince which is the capital city of Haiti on 12 January 2010. Turkish Ministry of Health offered support for the people of Haiti by sending its Health Team. In this study, the field hospital services of Turkish Health Team consisting of two groups in 67 days will be reported. Also, further affairs necessary to be done in the future and coordination with other countries will be reported. There are discussions whether there is need for field hospitals or not. With this study, the results of field hospital services were assessed. By contrast with some authorities, it is concluded that field hospital services are beneficial. Finally, UN responsibilities on this issue was discussed.

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