

Conclusion: Stakeholders should undergo disaster risk management training, and work closely with the Ministry of Health to save as many lives as possible.

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Thrombolysis of Acute Massive Bilateral Pulmonary Embolism: A Success Story in a Ghanaian Emergency

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Study/Objective: To report on the first successful management of a patient with acute massive bilateral Pulmonary Embolism, at the Komfo Anokye Teaching Hospital Emergency Department (KATH ED), Kumasi, Ghana.

Background: Pulmonary Embolism (PE) is an acute silent killer in developing countries, and is primarily a diagnosis of clinical suspicion. There are limitations in its diagnosis and interventions, increasing the mortality tendencies. Acute massive bilateral PE carries an exceptionally high mortality rate even with interventions.

Methods: We sought to describe the management of the first successful thrombolysis of a patient with acute massive bilateral PE who presented to our ED at KATH, because there is paucity of literature on successful ED management of such cases in Ghana.

Results: A 23 year-old woman, 2-months pregnant, G4P0⁺, admitted with sudden onset of breathlessness, chest pain and a history of hemoptysis one week earlier. No significant past medical history. BP was unrecordable, tachycardia, saturating <90% on oxygen, with deteriorating mental status. She was intubated and started on IVFs and subsequently, dobutamine. Bedside ultrasound revealed a dilated Right ventricle, full IVC and a gestational sac. No evidence of DVT. ECG showed sinus tachycardia, extreme left-axis-deviation, S-wave in lead I; Q-wave and T-wave inversion in lead III. Wells Score was 5.5. Normal chest X-ray and chest CT-Angiography showed acute bilateral massive PE. Thrombolysis was used with Streptokinase via central line after obtaining a clotting profile. She spontaneously aborted and the evacuation of the uterus was done. CPR was done following an episode of cardiac arrest, and Return of Spontaneous Circulation (ROSC) was achieved. She was admitted to the ICU, extubated and discharged home on warfarin on Day 12. She currently attends her review sessions and was given counsel for preconception care.

Conclusion: High-risk emergencies can be managed in low resource settings. There is, however, the need for available and affordable diagnostic resources, medications and logistics to promptly identify and appropriately manage such cases.

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Association Between Water Security, Disaster Risk Perception and Preparedness Behavior of a Rural Ethnic Minority Village in Chongqing, China: A Pilot Study

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Study/Objective: To explore the relationship between water security, disaster risk and preparedness among an ethnic minority rural community in China.

Background: Increased rainfall variability and water-related disasters can be expected due to climate change. Among the resource-poor in China, these water-related disasters will increasingly affect people's water security. There is a need to understand their current water security and disaster risk, to recommend long-term water management and disaster preparedness options.

Methods: A cross-sectional, cluster sample survey was conducted in February 2015, in Xingguang Village, south-eastern Chongqing, China. The target population was 520 households of 9 sub-villages. The survey included indicators on water security (time to fetch, water sufficiency, supply stability, water storage, and price), disaster risk (perception of living in high-risk area and ability to protect from future disasters) and preparedness (disaster bag). Descriptive and analytic epidemiological analysis was conducted using SPSS. Ethics approval was obtained from Chinese University of Hong Kong.

Results: Among 52 household representatives who completed the survey, 76.9% thought climate change impacted health, and water was their main health risk concern (36.5%), 63.5% have insufficient water on a normal basis, and 84.6% rely on rain-water as their main water source. Only 32.7% perceived to be living in a high-risk area, of which climate-related disasters such as storms (44.4%) and droughts (38.9%) were most frequent. Of all water security indicators, insufficient water was significantly associated with the perception of living in a high-risk area ($p = 0.017$). No evidence was found between water security indicators and the ability to protect from future disasters. No evidence was found between disaster risk perception and preparedness.

Conclusion: Long-term water management should address water sufficiency. Interestingly, the ability to protect from future disasters is not related to water security indicators. Disaster preparedness education and further research is recommended.

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A Lethal Lapse: Envenomation and Ebola, Critical Gaps in Aid Worker Preparation

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