

and the number of organ systems involved for all casualties. Then by choosing an optional number of casualties that corresponds to the capacity of local air traffic, and the computer program will randomly compose a new list of casualties similar to that of the consultative group.

**Result:** It can provide a model for predicting the problems for which the hospital's disaster organization should prepare e.g., resource allocation and need of equipment and examples of probable anatomic injuries. Additionally, it is a valuable teaching tool for triage training, prediction of mortality, survival time, hospital length of stay, and disability.

#### References

The use of injury scoring in the evaluation of the Kegworth M1 aircraft. *J Trauma*, Vol.32, No 4, 211-215.

**Key words:** AIS-score; anatomic injury pattern; computing; prediction; teaching tool

**E-mail:** sm1dyr@hotmail.com

*Prehosp Disast Med* 2001;16(2):s75.

#### Preparation of Chartered Helicopters for a Disaster in Japan

**Prof. Masahiro Takiguchi, MD**

Department of Emergency and Critical Care Medicine, Hirosaki University Hospital, Hirosaki City, Aomori Prefecture, JAPAN

One of the major problems following the Hanshin-Awaji Great Earthquake of 17 January 1995 in the Hanshin area was that helicopters were not used effectively for the medical evacuation and transportation of the victims, even though there were many helicopters prepared for that use. This was related to the lack of knowledge by doctors that the helicopters could be used for the transportation of severely injured or ill patients from Kobe to undamaged facilities. The doctors never had used helicopters for the transport of patients.

Following the Great Hanshin-Awaji Earthquake, the Fire and Rescue Department of Government have intended to regularly use helicopters for the rescue and transport of emergency patients, but they still have not been used effectively. Hence, the Department of Health and Welfare and Labor of the Japanese Government organized a system to hire and use the chartered helicopters that are in possession of civil aviation companies for immediate use at the time of a disaster. This system is now being developed and soon will be contracted with the Tokyo Metropolitan Government, to prepare for the next big earthquake in the south Kantoh areas.

**Key words:** civil aviation; earthquake; evacuation; helicopters; private; transportation

**E-mail:** takihem@cc.hirosaki-u.ac.jp

*Prehosp Disast Med* 2001;16(2):s75.

#### Using Catecholamines in Prehospital Settings by French Mobile Intensive Care Unit

**K. Tazarourte; L. Goix; N. Bertozzi; J.M. Felden; P.I. Rouge, SAMU 77-**

SMUR Melun C.H. Marc Jacquet, Melun

**Introduction:** Very few studies have been undertaken concerning the use of catecholamines in prehospital reanimation efforts. The aim of the present study conducted among mobile intensive care unit physicians is to estimate the indications for the use of different catecholamines in the prehospital stage of emergency care.

**Methods:** This study took place from March to November 2000, and involves 182 mobile intensive care units (MICU). Eleven regions were chosen at random among the 22 French regions. A telephone conversation took place with the physician on duty, chosen at random, in each of the 182 MICUs. During the conversations, each physician answered a preselected questionnaire concerning the use of different catecholamines according to the etiology of the state of shock.

**Results:** Of the 182 physicians questioned, 175 (96%) agreed to participate. Dobutamine and adrenaline are available in most of the MICUs. Four units did not have dopamine, and 42 declared having noradrenaline on board. During a hemorrhagic state of shock, all physicians said they used catecholamines if the systolic blood pressure remained <90 mmHg despite intravenous fluid therapy (IFT); 76 (43%) said they used adrenaline first, 72 (41%) said they used dopamine, 5 (3%) used noradrenaline, and 19 (11%) used dobutamine. In septic shock, 101 (58%) of the physicians used dopamine first, 34 (19%) used dobutamine, 27 (15%) used adrenaline, and 13 (7%) used noradrenaline. In the case of carbamate medication poisoning with blood pressure <90 mmHg despite IFT, 94 (62%) of the physicians used dobutamine first, 25 (16%) used dopamine, 22 (12%) used adrenaline, and 9 physicians said they didn't know. 158 (90%) MICUs are able to apply non-invasive blood pressure monitoring, 7 MICUs have the facilities for invasive monitoring of blood pressure in a pre-hospital scene.

**Conclusion:** Catecholamines are used often in reanimation for a state of shock in the prehospital stage. However, it seems necessary to rationalize their use with the help of protocols according to the etiology of shock.

**Key words:** blood pressure; catecholamines; criteria; hypotension; intravenous fluids; mobile intensive care units (MICU); prehospital; reanimation; shock states

*Prehosp Disast Med* 2001;16(2):s75.

#### Videotape Recordings for Evaluation of Quality of Prehospital Trauma Care: First Experiences with a New Technique

**A. Thierbach; B. Wolcke; G. Scherer**

Clinic of Anaesthesiology, Johannes Gutenberg-University, Mainz, GERMANY

**Introduction:** Schneider *et al*<sup>1</sup> assessed the structural and procedural quality of the Mainz emergency medical services