

ductive and epidural blockage in Emergency and Disaster Medicine. In these cases, regional anesthesia is preferable, since its use is associated with minimal negative effects on the patient's body and lower both early and late mortality, and it can be used to provide long-term analgesia.

We have created a modification of epidural anesthesia by using the development of resistance to local anesthetics. This method is based on introducing an anesthetic solution into epidural space while gradually increasing the volume and concentration of the solution used. This method allows us to use a more effective, minimal doses of anesthetic for creation of a threshold block. Thus, it is possible to reach a sufficient quality of anesthesia with minimal hemodynamic shifts. In this case, the blockade increases slowly, with attainment a complete anesthesia by using a minimal amount of anesthetic, yet the organism has time for gradual adaptation to vegetative denervation and for the start of compensational mechanisms.

This method has been used routinely in our department, and we have been happy with the results. This type of emergency anesthesia produces perfect analgesia and reduces the depression of cardiovascular system associated with sympathetic denervation.

Key Words: conductive anaesthesia; epidural analgesia

Influence of Additional Organ Failure on Outcome of Patients with Postpartum Eclamptic Coma Managed By Urgent, Isolated Ultrafiltration *V.E. Bukin*

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Introduction: Brain oedema caused by generalized hypoxia predetermines evolution of irreversible damage to the nervous system by eclampsia. Multiple organ-system failure syndrome is the major complication of the patients with severe eclampsia.

Our 16-year experience using Isolated Ultrafiltration (IU) in 89 postpartum patients with eclamptic coma (EC) indicated that it is a highly efficient procedure for the management of brain oedema. With the current interest in quality control and the challenge of budget restriction, it is necessary to evaluate the influence of organ failure on outcome of patients with postpartum eclamptic coma who urgently need IU.

Material and Methods: This retrospective study included 89 postpartum patients with EC (age: 17–38 years; gestation term: 27–40 weeks). Basic intensive care measures including the administration of mechanical ventilation, magnesium, thiopental, human albumin, and drugs to lower blood pressure, were not changed during the use of IU. Isolated hemoperfusion procedures were started 6–32 hours post partum (27 pts.) or after urgent section caesarea (62 pts.). Total IU volume: 3 ± 0.4 L.

We analyzed the dysfunction of organs (encephalopathy, respiratory failure, renal failure, hepatic failure, circulatory failure) on the basis of rather rough manifestations before starting therapy with IU and dependence

of outcomes on the time between childbirth and beginning of IU.

Results: 20 patients had an isolated brain oedema (95% survived), 36 patients had additional organ failures (91.7% survived), and 33 patients with three or more auxiliary organ system failures (84.8% survived). Specifically, the type of organ failure influenced the chance of survival: 1) respiratory failure, 88%; 2) hepatic failure, 70.5%; 3) renal failure, 70.8%; and 4) circulatory failure, 36.3%. Of the 62 patients undergoing IU after first 6–12 hours post-partum, 59 survived, and 21 of 27 patients undergoing IU after more than 12 hours post partum survived.

Conclusion: In patients with postpartum eclamptic coma and three or more additional organ failures, the survival rate was reduced significantly. Circulatory failure influenced the outcome of these patients more than did respiratory failure and hepato-renal failure. IU application within first 6–12 hours after delivery increases survival chances in cases of eclamptic coma.

Key Words: brain oedema; isolated ultrafiltration; postpartum eclamptic coma; multiple organ failure

Proposal for the Development of an Award of Excellence in Disaster Management Administered by the World Association For Disaster and Emergency Medicine (WADEM)

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Recently, the world has experienced increased frequency and severity of disasters which have cost the international community hundreds of billions of dollars. Unfortunately, a substantial portion of these assets represent wasted resources due to inefficient utilization. Part of the problem is that many governmental and non governmental relief organizations lack effective management systems to coordinate, communicate, and assess their activities and outcomes.

Quality assurance methodology can improve cost-efficiency of response. The WADEM has established a Task Force on Quality Control of Disaster Management to develop international standards for evaluation of relief activities.¹ The next step is incorporation of these standards by the leading relief organizations. To encourage the latter, we propose the establishment of an Award designed to recognize organizational performance excellence of relief actions in the following categories: A) leadership; B) information management and analysis; C) strategic planning; D) human resource development and management; E) process management; F) organizational performance assessment; and G) satisfaction of relief recipients, donors, and other beneficiaries.

The premise of an International Quality Award is parallel to the Malcolm Baldrige National Quality of the USA Commerce Department that recognizes organizations for performance excellence. Organizations