



**Conclusions:** The percentage of correct compressions can be considered as similar between 1989 and 2001 for nurses trained for CPR for more than eight months. Percentage of correct ventilations also is similar if we considered old European standards or actual standards. We can explain this by the fact that nurses tested are young and CPR was learned with standards of 2001 or more recent European standards and not 1989 standards. The same conclusion than in 1989 can be made: the efficiency of CPR performance quickly decreases when they don't train frequently.

#### References

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**Key words:** cardiopulmonary resuscitation; criteria; deterioration; nurses; skill; standards

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### Comparative Study of Cardiopulmonary Resuscitation Efficiency

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**Introduction:** During cardiopulmonary resuscitation (CPR), different people (nurse, paramedics, doctors) perform CPR. We compared their efficiency.

**Method:** We used Resusci-Anne Skill reporter mannequin (Laerdal, Stavanger, Norway). We recorded tidal volume, ventilation rate, minute volume, percentage of correct ventilation, deepness of compression, and percentage of external cardiac compressions that were correct during CPR performed by paramedics, emergency service's nurses and doctors, nurses following special course for acute medicine (SIAMU), and finally people with no CPR training. Each group contained 18 people. Data were analysed following the last European Resuscitation Council recommendations.

**Results:**

**Conclusions:** Paramedics, by daily experience, have better results. SIAMU nurses have more of a habit of training on mannequins during their year of training. Nurses have the worst score for compression due to of insufficient compression. Doctors generally perform less CPR, and so, have relatively bad results.

**Key words:** Cardiopulmonary resuscitation (CPR); doctors; experience; nurses; paramedics; performance  
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### Evaluation of Analgesia for Outpatients

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**Objectives:** Minor traumatic injuries handled by the casualty department usually are treated on an outpatient basis, often without being reexamined in the hospital. Analgesics are prescribed often without receiving feedback on their effectiveness. The purpose of this small exercise was to see whether the analgesic prescribed was sufficient, and if the method for collecting the information is practical.

**Method:** We evaluated inpatients with minor injuries (ATLS classification, I), using a visual analog scale (VAS). Consequently, we have a baseline without any analgesic intake. Three groups were formed: Group 1 received 6 tablets of piroxicam, 20 mg in the form of lyophilised pills (2 pills taken the day of the consultation at the casualty department, 2 pills the next day and 1 pill for each of the next 2 days). Group 2 received 12 paracetamol tablets (4 each day); and Group 3 received both drugs. We asked the patients for consent to our contacting them by telephone once each day during the 3 days following the day of consultation at the casualty department. During the phone call, we ask the patient to refer to the VAS provided at the casualty department and to tell us the actual corresponding degree of discomfort. We also inquired about any secondary effects that may have occurred.

**Results:** 150 patients were evaluated (50 in each group): 13 Patients (8.67%) did not answer any of the telephone calls and 34 patients (22.67%) did not reply to either 1 or 2 of the 3 calls.