Conclusions: This is a vast subject that is difficult to comprehend in a short period of time. However, the crucial basic analysis was brought into more easily understood proportions, by the nursing staff.

Key words: abdominal pain; diagnosis; differential; protocol; syndrome
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Difficulties with Identification of Living Patients after Fires in a Hospital

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Introduction: Identification of patients in cases of disaster is a currently studied problem and most studies have been based on dead patients. Many identification systems have been suggested in order to centralize patient hospital files. However, in cases of an emergency or disaster event occurring in an hospital, some patients may still be alive but may not be identified, and their past medical history, treatments, and hospitalisation motives may remain unknown as is demonstrated in the following cases.

Case 1: A fire occurred at 03:00 hours, in a private hospital in the Seine-Saint-Denis area in France. Fifty-six persons were potentially poisoned by smoke inhalation including 4 patients with clinical signs of severity. The mean age was 72 years old. Six patients (11%) where not identified, including one comatose patient.

Case 2: A fire occurred at 04:00 hours, in a medicalised home for the elderly in the Seine-Saint-Denis area in France. Seventy-eight persons were potentially poisoned by smoke inhalation. Every patient was more than 71 years old; 7 patients died (9%), 12 patients were severely poisoned (15%) requiring intubation in 10 cases, and 14 more patients were admitted to the hospital. Ten patients (13%) were not identified, including 3 dead patients and 5 intubated patients.

In both cases, past medical history, treatments, and motives for hospitalisation were unknown because patient files were not accessible

Casualties			Unidentified		
	N	Dead	Intubated	Others	Total
Case 1	56	0	1	5	6
Case 2	78	3	5	2	10

Conclusion: In both cases, the identification of the patients was difficult even though patients were alive and conscious. Although reliable methods exist for the identification of dead patients in case of a disaster, identification of hospitalised patients remains difficult when the patients are not able to identify themselves. Impairment of consciousness is not the only reason for this difficulty. In elderly people, patients suffering dementia were not identifiable. Identity bracelets associated with a chip or a bar code could be helpful in these situations. Furthermore, this identification method would be even more useful if it could give access to the patient's medical file. Indeed, in case of a disaster occurring in a hospital, medical care must take into account a patient's past medical history, hospitalisation motive, and current treatments. Only an accessible hospital data system in association with this identification system would be able to optimise a patient's care in case of disaster occurring in a hospital.

Key words: disaster; elderly; hospital; identification; living; medical records; patients; system
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