The 24 Hour, Post-Earthquake Experience of a University Hospital in Turkey

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On 17 August 1999, a catastrophic earthquake caused about 15,000 deaths and 45,000 casualties in the South Marmara region of Turkey. 665 earthquake victims were admitted to our hospital. Two-thirds of the victims who died were brought to the hospital by helicopters within the first 12 hours following the quake. The most important problems faced in the first 24 hours were: 1) excessive patient load; 2) inadequate medical records; 3) inadequate communication; 4) inadequate critical care beds, 5) loss of authority; 6) inadequate numbers of experienced personnel, 7) unnecessary crowd of persons in the emergency department, and 8) panic during aftershocks.

This is how we tried to cope with these problems: 1) A Command Center was established under the leadership of the President of the University. All elective patients were discharged. Loss of authority seen in the first 2–3 hours in the emergency department was re-established by assigning two nurses and two physicians to each bed, providing a triage area in front of the emergency department and organising the patient flow. Communication with the field was not possible during the first 24 hours, but radio and TV news and announcements were helpful. A senior surgeon and an emergency physician were sent to the field evacuation area for triage. After the first three helicopter deliveries (approximately 60 patients), maintenance of medical records was possible. The critical care and trauma unit beds were supplied with equipment and personnel to admit more patients. Trauma-oriented medical personnel were called in to replace inexperienced and tired doctors and nurses. The crowd in the emergency department decreased after several announcements and measures taken by the security. Department chiefs themselves who stayed in the hospital during the first 24 hours were helpful in preventing the panic seen in the patients and medical personnel during the aftershocks. This is briefly what we experienced as a hospital situated close to the earthquake area.

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On the Necessity of Rendering Specialized Aid to Children

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Recently, attention has been drawn to the problem of organising specialised medical help for children in disasters and wars. This problem has been discussed at the 1st Pan-American Congress on Disaster and Emergency Medicine in San José in 1997 and WADEM Congress in Osaka, Japan in 1998. The Declarations made at these conferences point out the problem of the qualification of the doctors who work with children in cases of catastrophes and wars, underline the necessity to set up specialised rescue teams consisting of paediatric traumatologists, intensive care specialists, paediatric surgeons, nephrologists, etc., and to concentrate the injured children in specially set up medical centres on the basis of multi-profile hospitals.

The training of national medical personnel is of primary importance. However, very often it becomes necessary to involve specialised international teams of paediatricians that have extensive experience in organising medical aid to children in emergency situations of disasters and in treating the crush-syndrome. Unfortunately, many public health administrators do not understand fully the importance of this problem, and as a result, children die or become invalids.

Our personal experience of rendering medical aid to children in many countries and regions of catastrophes prove this. The team of paediatric specialists recently has worked with children in Sakhalin at the site of the earthquake, in North Afghanistan, and Turkey. The results of the research carried out confirm this concept, since in these places, the children mortality rate was lower than that of the adult population.

Keywords: children; crush syndrome; disasters; experience; specialists; teams; war