

intubated 10.6 % pre-RSI group vs 2.1 % post-RSI group. The compliance improved to 97.8% in overall intubations. Intubation rates among EP in pre RSI group vs post-RSI group in head injury, spine injury, shock and threatened airway were (90.4% vs 98.3%), (71.4% vs 94.4%), (85.5% vs 97.4 %) and (89.3% vs 98. 2%) respectively.

Conclusion: Emergency Physicians of non-anaesthetist training can perform rapid sequence intubation with comparable success rate in trauma patients.

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Selected Immunological Indicators in the Assessment of Risk of Severe Complications after Major Trauma

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Study/Objective: The aim of this study is to determine the immunological indicators, which depending on the extent of the injury, will have practical significance for the early diagnosis of severe complications after trauma.

Background: The pathophysiology of complications in patients with multi-organ injuries is still a subject of intense research.

Methods: The study reported in 32 patients admitted to the ER after trauma. Patients were divided into two groups, the group A ISS ≥ 20 (n = 20) and the group B ISS < 20 (n = 12). Laboratory tests and immunoassays were performed at the time of admission to the ER, and then repeated at 3, 6, 12, and 24 hours. The observation included clinical status of each patient, the incidence of complications, the type of treatments and mortality.

Results: In group A, 17 patients had complications (5 died), while in group B only 3 patients had complications. The most common complications included respiratory failure and infections. In our study, the highest level of IL-6 and IL-1Ra was recorded in 3 hours of acceptance in patients with late complications compared to the group without complications. Already in the 3 hour study, they could identify a group of people with a high risk of subsequent morbidity and mortality. The Receiver Operating Characteristic (ROC curve) analysis showed that the studied immune indicators can be prognostic markers of complications or death for patients after major trauma. In the groups of patients there was no significant difference for age, gender and basic laboratory diagnostics.

Conclusion: Our findings suggest that elevated levels of cytokines tested, a short time after the injury, may have a significant relationship with the occurrence of serious complications later. The diagnosis of early inflammatory response to injury should

have an impact on the therapeutic. In addition to basic treatment, a potential target for therapeutic intervention should be taken into consideration; early cytokine response within the first 3 hours of hospitalization.

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Differences in the Treatment Outcomes of Referred and Non-referred Patients at the Accident and Emergency Department (AED) of Komfo Anokye Teaching Hospital (KATH)

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Study/Objective: This study sought to ascertain whether there is a difference in the characteristics and outcomes of patients of these categories - as measured by final triage color, health financing, mode of transportation to the AED, and treatment outcome (discharged home, transferred out to Main wards, or died).

Background: The Accident and Emergency Department (AED) of Komfo Anokye Teaching Hospital (KATH) is the main entry point for patients requiring critical care. Patients are either referred from other institutions or come on their own to the facility. The receiving triage room assesses vital signs, triages patients using the Triage Early Warning Score (TEWS), and assigns patients to the appropriate care center - utilizing Yellow ward (urgent management), Orange ward (very urgent management), and Red ward (emergency management). However, the outcomes of these referred and not referred patients are speculated to differ due to the consequences of delay in diagnosis, treatments, etc.

Methods: A prospective, cross-sectional study was employed at the Accident and Emergency center at the Komfo Anokye Hospital for six weeks. Data were collected and entered into an Epi information software database, exported, and analyzed using SPSS. Relation between variables was tested using ANOVA and correlation tests.

Results: There was no significant difference (0.456) in the treatment outcomes of referred and non-referred patients. Hence, irrespective of how patients came to the hospital for treatment, treatment outcome (discharged home, Trans out to Main wards, or died) will not significantly change. Furthermore, there was no relation between status of patients (referred and non-referred) and by outcome of patients, final triage color, health financing, mode of transportation, type of admission, and drugs ordered.

Conclusion: There are no significant differences or relations in the treatment outcomes of referred and non-referred patients reporting to the Accident and Emergency Department (AED) of Komfo Anokye Teaching Hospital (KATH).

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