

Patient 1 was a 15-year-old girl who sustained a fall and landed on her left temporal region after being tackled by 3 opponents. She presented to the Emergency Department (ED) with multiple seizures. She was diagnosed to have a subdural hematoma and was subsequently discharged well without any surgery performed.

Patient 2 was a 16-year-old girl who sustained a fall after being pushed by her opponent while she was in the locks position. She landed on her buttocks with her legs extended. She also presented to the medical team who discharged her after a through examination. However, the patient presented to ED 3 days later with worsening lower back pain. She was diagnosed to have a compression fracture of L1 with extension to the right pedicle needing surgery.

DISCUSSION AND CONCLUSION

The incidence of injury is comparable to international tournaments and medical standby teams should be deployed to these events to mitigate risk of injuries.

KEY WORDS

Event medical coverage, rugby, pre-hospital care

OP 5 PSYCHOMOTOR SKILL AND KNOWLEDGE AMONG PREHOSPITAL CARE (PHC) PROVIDERS ON PERFORMING HIGH QUALITY CARDIOPULMONARY RESUSCITATION (HQ CPR) AT

A TERTIARY HOSPITAL: A CROSS SECTIONAL STUDY

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INTRODUCTION

International guidelines for CPR focused on methods of high quality cardiopulmonary resuscitation (HQ CPR) in ensuring return of spontaneous circulation. Currently there is a large gap between knowledge and practical implementation. Environmental factors such as static and moving environment contribute to the competency in performing HQ CPR. This study aimed to assess and compare the knowledge and psychomotor skill of pre hospital care (PHC) provider in performing HQ CPR in controlled and uncontrolled environment at 2 minutes.

MATERIAL AND METHODS

This is a cross sectional study conducted in Emergency Department Hospital Kuala Lumpur on July 2014 until May 2015. Forty PHC providers were enrolled into the study. The first part involved knowledge assessment using multiple choice questions. The second part involved objective and subjective assessments of psychomotor component in CPR within 2 minutes on a manikin in a controlled (static) and uncontrolled environment (moving ambulance and trolley). The objective assessment was measured with percentage of accurate compression and ventilation using a software program. The subjective assessment was conducted by two independent

assessors following a modified standardised checklist.

RESULTS

In the knowledge assessment 30% scored satisfactory. The objective assessment showed accuracy of HQCPR was significantly effective in controlled environment ($p \leq 0.01$). The subjective assessment revealed most participants were able to perform satisfactorily in a controlled environment. Assistant medical officer were more competent in delivering a HQCPR compared to staff nurse ($p \leq 0.01$). There were significant association between knowledge and competency on performing HQCPR among the PHC providers ($p \leq 0.01$)

DISCUSSION

There were minimal interruptions of chest compression in the controlled environment. The instability factor along with small closed compartment and variability of speed of the ambulance may affect the performance of HQCPR. Another contributing factor is lack of knowledge update among providers. Standardised training and frequent evaluation of knowledge and skill is needed to maintain performance.

OP 6 FLEXIBLE INTUBATION VIDEO ENDOSCOPE IN ED HOSPITAL SERDANG

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INTRODUCTION

Endotracheal intubation is the gold standard for maintaining airway patency and protection in critically ill patients. Conventional direct

laryngoscopy is commonly performed but has many potential complications especially in patients with difficult or failed airways. These complications can significantly increase morbidity and mortality and should be avoided.

Recognizing a difficult airway is a vital component in the intubation process. Proper preparation of equipments and strategies should be planned in such cases. One such strategy is the usage of flexible endoscopy for endotracheal intubation in both anticipated and unanticipated difficult airways.

CASE REPORT

We described a total of eight cases that were intubated using flexible endoscopic awake intubation in Emergency Department (ED) of Hospital Serdang. All eight cases were predicted to have difficult airways to intubate, and consist of both medical and trauma patients. All of the endotracheal intubations were performed successfully in this cohort of patients with no complications.

CONCLUSION

Flexible endoscopic intubation of the "awake" patient is a safe and effective method to be used in the Emergency Department. It is the method of choice for intubating the anticipated difficult airway group of patients. Awake intubation can considerably reduce the risk of hypoxia. It allows the procedure in the conscious, spontaneously breathing patient to remain oxygenated using topical anaesthesia and mild sedation only until the endotracheal tube is place.