

poorly responds to conventional allergy treatment, discontinuation of ACE inhibitor is the key of resolution.

## **CONCLUSION**

A justifiable working diagnosis on the basis of comprehensive medical history and adequate awareness of adverse drug reaction are the keys to put a halt to this potentially life-threatening yet preventable complication.

## **PP 29**

### **EDOC: THE NERVE IN A DISASTER EXERCISE**

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#### **INTRODUCTION:**

Hospital Serdang is the coordinating hospital for airport disaster in KLIA. Exercise is often held to prepare hospital and state response to any event.

#### **CASE REPORT**

The call came through to MECC to announce KLIA RED ALERT, KLIA RED ALERT, KLIA RED ALERT. The emergency physicians present in the emergency department responded by first choosing a clinical commander and a Medical Incident Coordinator (MIC). An Emergency Department Coordinating Centre (EDOC) was opened. A staff of 4 persons consisting of an ED assistant medical officer supervisor, the hospital sister on call and 2 clerks assisted the Medical Incident Coordinator (MIC). Reports were made to Air Disaster Unit (ADU) and Hospital Operations Room (HOR) that EDOC was opened. Then, coordination of ambulance response from all hospitals in the state was done, together with coordinating request for more ambulance back up

from ADU. Almost as soon as this ambulance response was being coordinated, real patients were reported. By this time a Hospital Red Alert was announced, and coordination was also underway to prepare the ED for surge in patient load. Request for more staff, equipment, food was forwarded to Operations Room. Reports of casualties was collected from ADU and forwarded to operations room together with the destinations of dispatched ambulances. Cases coming to Serdang

Hospital was communicated to Clinical Coordinator. With 4 walkie talkies and 4 phone lines (with 2 phone lines down), communication was abuzz. All communications was documented by the 2 clerks. Finally final data was tallied from ADU of cases, diagnosis and disposition and forwarded to Operation Room.

#### **DISCUSSION AND CONCLUSION**

EDOC is the nerve of activity during a disaster. The personnel involved must know their job well, be patient, and have good communication and coordination skills. Team work is the key to a successful disaster exercise.

## **PP 30**

### **BROKEN HEART SYNDROME OR MYOCARDIAL INFARCT?**

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#### **INTRODUCTION**

Takotsubo cardiomyopathy (TCM) may mimic acute myocardial infarct by virtue of ECG changes and raised cardiac enzyme but with negative cardiac angiogram finding as well as left ventricular apical ballooning on echocardiogram. I am presenting a case of lady presented with what