

registries and design population-based educational interventions in a developing country setting.

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(A17) Epidemiology of Non-Vehicular Trauma Patients in the Prehospital Setting in India

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Background: Non-vehicular trauma (NVT) accounts for 8% of all calls to the GVK Emergency Management and Research Institute (EMRI), which provides prehospital emergency care to 85 million residents of Andhra Pradesh, India. This study describes the characteristics and outcomes of patients with NVT transported by GVK EMRI.

Methods: All patients with NVT were prospectively enrolled over 28 12-hour periods (equally distributed over each hour of the day and day of the week) during July/August 2010. Patients not found at the scene, refusing service, or reporting self-inflicted injuries were excluded. Real-time demographic and clinical data were collected from prehospital care providers using a standardized questionnaire. Follow-up patient information was collected at 48-hours and 30-days following injury.

Results: A total of 1,569 patients were enrolled. Follow-up rates were 72% at 48 hours and 71% at 30 days. The mean patient age was 40 (SD = 18) and 67% were male. Adults (ages 18–64) accounted for most patients (80%), followed by elderly (age > 64, 12%) and children (age < 18, 8%). Of the patients, 71% were from rural/tribal areas and 89% from lower socioeconomic strata. Eighty-two percent called within 1 hour of injury. Median call-to-scene time was 19 minutes (SD = 15) and scene-to-hospital time was 25 minutes (SD = 21). Most patients suffered blunt injuries (85%) with falls accounting for 43% of all injuries. Of the injuries, 56% were accidents and 43% assaults. Most injuries involved head/neck (48%) and extremities (44%). Cumulative mortality rates prior to hospital arrival, at 48-hours and at 30-days were 1.1%, 3.2%, and 4.9% respectively. Falls accounted for 69% of all deaths. Falls and age > 65 were predictors of mortality ($p < 0.0001$). Of NVT survivors, 56% returned to baseline function and 28% were in significant pain or bed bound at 30-days post-injury.

Conclusion: This initial study of prehospital NVT patients in India reveals that falls and elderly age were highly associated with death.

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(A18) The Influence of Status and the Patterns of Driving License Ownership Toward the Gradation of Open Fractures According to Sardjito Scoring System Suffered by Motorcycles Accident Patients in Emergency Department of Saiful Anwar General Hospital from April to June 2010

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Introduction: 3880 fracture patients are admitted in the Emergency Department of Saiful Anwar General Hospital from January to August 2009. It signifies to the second place of the cause of patients' admission. Most cases are motorcyclist victims from road traffic accident. Driving license is encouraged by the government to reduce the number of road traffic accident victims.

Methods: This study utilizes observational with cross sectional study and purposive sampling to correlate the relationship between status of motorcycle driving license ownership and the obedience of traffic law, the relationship between the patterns of motorcycle driving license ownership and the obedience of traffic law, and the relationship between the obedience towards traffic law and the gradation of open fractures among motorcyclist victims in accordance with Sardjito Scoring system.

Results: Most patients have no driving license. And those who has driving license, mostly have never undergone driving license test. Patients with open fractures of cruris come with severe Sardjito scoring system, open fractures of antebrachii with moderate Sardjito scoring system, and open fractures of femur with moderate Sardjito scoring system.

Discussion: It is strongly related between the ownership of driving license and road traffic accidents. The most road traffic accidents cases of are open fractures of cruris, open fractures of antebrachii, and open fractures of femur respectively. High obedience and strict use of personal protective equipment (safety helmet, glove, and jacket) would be effective in mitigating road traffic accident injuries.

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(A19) Establishing a Trauma Registry at the National Referral Hospital in Thimpu, Bhutan

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Background: The burden of traumatic injuries is increasing in Bhutan. Data from the Ministry of Health of Bhutan (MoH) indicates that the number of injuries has increased 37% from the years 2004 to 2008. Current data on demographics, cause, and outcome of injuries is not well documented, leaving the MoH with insufficient data to guide policy decisions. The MoH and the Bhutan Foundation have prioritized development of a national trauma registry in Bhutan, starting with a trauma registry at Jigme Dorji Wangchuck National Referral Hospital (JDWNRH).

Objective: To design and implement a sustainable tool for the collection and storage of data describing trauma patients at JDWNRH.

Design and Methods: The trauma team defined trauma as any injury that requires an evaluation, intervention, or admission to the hospital. A paper based tool was designed by consensus to collect data on demographics, injury type, injury location, injury severity, treatments and outcomes. A hospital based system to processes the data into Microsoft Access was established and data collection began in September 2010. Monitoring is ongoing to ensure the reliability of data.