

Será necesario establecer estrategias tendientes a disminuir los efectos negativos.

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Meningococemia Fulminante, Reporte de un Caso

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Comentario: La enfermedad meningocócica es una infección endémica en el mundo. Las tasas de incidencia varían desde 1-3/100.000 habitantes en países industrializados a 10-25/100.000 en países del tercer mundo. La enfermedad meningocócica se manifiesta fundamentalmente como meningitis meningocócica y meningococemia. El agente etiológico es la *Neisseria meningitidis*, una bacteria Gram-Negativa. Los serogrupos A y C son las principales causas de epidemias. La enfermedad es endémica de climas templados y la mayor incidencia se observa durante el invierno y la primavera. Los pacientes con infección meningocócica aguda se pueden presentar clínicamente con uno de los tres síndromes: meningitis, meningitis con meningococemia o meningococemia sin meningitis. La incidencia es de 1 caso por 100,000 habitantes. Más del 50% tienen meningococemia sin meningitis meningocócica fulminante ocurre en más del 20% de los individuos. El índice de mortalidad para la infección fulminante es de hasta el 85% y ocurre dentro de las primeras 48 horas, incluso a pesar de tratamiento antibiótico.

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Características de los Pacientes Sometidos a Maniobras de Reanimación Cardiocerebropulmonar

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Objetivo: Determinar las características generales así como la sobrevida y clase funcional a los 6 meses, de los pacientes a los que se les realizan maniobras de Reanimación Cardiocerebropulmonar dentro del Servicio de Urgencias Adultos.

Metodos: Durante el periodo comprendido entre el 01 de agosto del 2002 y el 31 de enero del 2003 se llevó un registro en base a la guía Utstein de todos los pacientes a los que se les realizaron maniobras de reanimación cardiocerebropulmonar en el servicio de urgencias adultos del HGR 25; estableciéndose las características pre, trans y postparo. Se realizó el seguimiento vía expediente o telefónica a las 24 horas, 1 semana, uno y 6 meses para determinar la sobrevida y clase funcional.

Resultados: Durante el periodo analizado, 95 pacientes cumplieron con los criterios de inclusión. El género que predominó fue el masculino (71%). El grupo de edad que más se observó fue de 51 a 60 años (31.57%). El diagnóstico de ingreso que predominó en estos pacientes fue hiperkalemia (17.89%). En 68% de los eventos de paro cardiorrespiratorio fueron presenciados por personal médico o paramédico. De acuerdo a las intervenciones de ACLS, en

el 100% de los casos se realizaron accesos y medicamentos intravenosos, monitoreo electrocardiográfico, manejo avanzado de la vía aérea y ventilación mecánica.

Conclusiones: El porcentaje de pacientes que sobreviven a maniobras de reanimación cardiocerebropulmonar en la unidad de choque del HGR 25 es elevado durante los primeros periodos, disminuyendo progresivamente hasta equipararse e incluso mostrarse por debajo de los reportes internacionales. Las patologías desencadenantes y los ritmos iniciales son similares a lo que se reporta en estudios similares. Existen ciertas desviaciones en el manejo de la terapia eléctrica que pudieron influir en la sobrevida y clase funcional de los pacientes sometidos a maniobras de reanimación cardiocerebropulmonar.

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Trabajo Multidisciplinario en Fractura de Pelvis

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Se muestra el trabajo multidisciplinario que conlleva a la atención del paciente severamente lesionado con fractura pélvica.

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Oral Presentations—Pediatrics

Problems in Rendering Medical Aid to Children during Disasters

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Despite the obvious benefits of pediatric specialists such as traumatologists, neurosurgeons, reanimatologists, combus-tiologists, pediatricians providing medical aid to children during disasters—which has been proven by 20 years of experience—there is no orderly structure of providing such help. If specialists like pediatricians are brought closer to the affected area where the maximum number of injured children is concentrated in 1–2 medical institutions, the mortality and disability rate is reduced in half compared to situations when such help only is provided by adult specialists.

The World Health Organization must lead this work. Structure is needed so in case of a disaster, there is a clear picture of what and how many specialists are needed as well whether local resources are enough or regional or international resources are needed.

Keywords: aid; children; disaster; medical aid; pediatrics

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Emergency Preparedness Guidelines for Children

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A cadre of experts and stakeholders from governmental agencies, professional organizations, emergency medicine and response, pediatrics, mental health, and disaster preparedness were gathered to review the 2003 pediatric

guidelines and summarize the existing data on the needs of children in the planning, preparation, and responses to disasters or terrorism. This review was followed by development of evidence-based consensus guidelines and recommendations on the needs of children in emergencies. The methodology used to develop the guidelines and recommendations in the current report was one of a previously validated, evidenced-based consensus process used in prior studies, supplemented by a modified Delphi approach for topic selection. There were several goals of this process:

1. Build collaboration among individuals with expertise in pediatrics, pediatric emergency medicine, pediatric critical care, pediatric surgery, and emergency management (including disaster planning, management, and response);
2. Review and summarize the existing data on the needs of children in disaster planning, preparation, and response;
3. Develop evidence-based guidelines and recommendations on the needs of children in disasters, and develop evidenced-based consensus guidelines for dealing with gaps in the evidence; and
4. Create a research agenda to address knowledge gaps based on the limited data that exist on the needs of children in disasters.

Results: The final recommendations focused on eight major areas:

1. Emergency and Prehospital Care
2. Hospital Care
3. Preparedness and Response
4. Biological, Chemical, and Radiological Terrorism Treatment
5. Decontamination, Quarantine, and Isolation
6. Mental Health Needs
7. School Preparedness and Response
8. Training and Drills

Keywords: emergency; pediatrics; preparedness

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Evaluation of the Pediatric Major Incident Preparedness in the Hospitals in North West of England

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Introduction: Since 2004, has been a statutory duty, under the Civil Contingencies Act, for designated receiving hospitals (those with emergency departments), to demonstrate fitness for and be able to respond to a major incident. The response should be sufficient for all hazards and for all ages of casualties.

Methods: The aim was to map the hospital capacity to manage an incident with a significant number of children against the current national Emergency Planning Guidance and latest UK “Services for Children in Emergency Departments” standards. Based on the guidance and standards, a template was created. All receiving hospitals in the North West region of England were identified and their emergency preparedness lead approached during summer 2008 for a face-to-face interview to populate the template.

Results: A total of 17 of 23 identified organizations (74%) were willing to meet within the study period, providing information on 24 acute hospitals. Ninety-six reported specific arrangements for incidents involving children, but only 79% had a pediatrician involved in the planning, and just 33% ever had tested their pediatric response at any level. A total of 18 out of 24 (75%) would use a specific pediatric triage system; 25% would apply their adult system. Twenty-one (88%) had conducted a live exercise in the last three years; only nine (38%) had included any children.

Conclusions: While there are no defined benchmarks of adequate preparation for a major incident involving children, based on this information, most hospitals could not claim that they were sufficiently prepared and are failing their statutory duty.

Keywords: capacity building; civil defense; disasters; pediatrics;

preparedness

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Childrens’ Reactions and their Caretakers’ Condition after the Yogyakarta Earthquake

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Introduction: The aim of this study was to evaluate the relationship between the reaction of the children and their caretaker’s condition after Yogyakarta Earthquake.

Methods: In total, 42 caretakers of children 3–18 months of age participated. A set of questionnaires, which mainly asked about the child’s present condition, child rearing situation, and the condition when earthquake occurred, was given to the participants. In addition, Traumatic Event Severity Scales-Occurrence Scales (TESS-OS) were completed by caretakers.

Results: Children with frequent crying during the night were observed among the caretakers with high TESS-OS scores ($p = 0.04$). Caretakers who felt irritable while caring for the children had higher score of TESS-OS score ($p = 0.03$). In addition, caretakers who often felt depressed revealed a higher TESS-OS score ($p = 0.04$).

Conclusions: There is a possibility that childrens’ reactions might be influenced by their caretaker’s condition. During a disaster, comprehensive support, which includes caretakers and children, might be essential for families with small children.

Keywords: caretakers; disaster; small children; pediatrics; Traumatic

Exposure Severity Scale

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