

Relationship Between Incontinence and Disease Severity in Patients Transported by Ambulance

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Introduction: As there have been no reports concerning the relationship between incontinence and disease severity in patients in the prehospital setting, a retrospective investigation examined this relationship using data from Shimoda Fire Department.

Method: Patients who were transported by Shimoda Fire Department from January 2019 to December 2021 were investigated. The following details of the subjects were collected: age, sex, contents of incontinence, season of transportation, weather, wind speed, temperature, place of collapse, scene time, classification of disease, disease severity (as judged by a physician at a receiving hospital) and mortality rate at the initial treatment. The subjects were divided into groups based on the existence of incontinence at the scene or not (Incontinence [+]) and Incontinence [-]). We compared the variables mentioned above between these groups.

Results: There were 499 cases with incontinence and 8,241 cases without incontinence. There were no significant differences between the two groups with respect to weather and wind speed. The average age, percentage of male patients, percentage of cases in the winter season, rate of collapse at home, scene time, rate of endogenous disease, disease severity, and mortality rate in the Incontinence (+) group were significantly greater in comparison to the Incontinence (-) group, while the average temperature in the Incontinence (+) group was significantly lower than that in the Incontinence (-) group. Regarding the rates of incontinence of each disease, neurologic, infectious, endocrinal disease, dehydration, suffocation and cardiac arrest at the scene had more than twice the rate of incontinence in other conditions.

Conclusion: This is the first study to report that patients with incontinence at the scene tended to be older, showed a male predominance, severe disease, high mortality, and required a long scene time in comparison to patients without incontinence. Prehospital care providers should therefore check for incontinence when evaluating patients.

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Potential Effect of a Heat Wave on Body Temperature of Patients at the Emergency Department and in the Hospital: A Comparative Retrospective Study

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Introduction: The impact of a heat wave on body temperature of patients being admitted to the emergency department (ED) and of patients that were already hospitalized was investigated. This can provide insight into measures or infrastructural adjustments that still need to be made.

Method: A retrospective study comparing the measured body temperature of patients admitted to the ED and patients already hospitalized during a heat wave from August 11-13, 2020 versus a period in which no heat wave, no manifest presence of COVID-19, and no other endemism was present (October 10 and October 20, 2019, and November 5, 2019) was conducted. Two groups were created per period: morning and afternoon measurements.

Results: Comparing the heat wave to the control period, no statistical difference was observed in morning temperature measurements at the ED. In the afternoon temperature measurements at the ED, however, a statistically significant difference ($p < 0.01$) was measured. Afternoon measurements during the control period showed a mean of 36.842 °C, whereas the measurements during the heat wave showed a mean body temperature of 37.191 °C. For hospitalized patients, a statistical difference ($p < 0.01$) was measured in both morning and afternoon temperature measurements. The control period showed a mean morning body temperature of 36.629 °C and a mean afternoon body temperature of 36.7154 °C, as opposed to the heat wave mean body temperatures in the morning (36.698 °C) and afternoon (36.7937 °C).

Conclusion: This study emphasizes the rise in body temperature during a heat wave, independently of other factors that influence body temperature. Hospitals should focus on preventive measures, such as air conditioning and providing good temperature control. Further research is needed.

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Emergency Medical Services Response: Outcomes of Non-Transported Patients

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Introduction: As a part of a primary intervention, Emergency Medical Services (EMS) may leave a patient at the scene. This decision is made in partnership with the dispatching center. The prognosis of these patients is often unknown. The aim of our study was to assess the outcomes of non-transported EMS patients.

Method: It was a descriptive, prospective study conducted over a two-year-period. We included all alive non-transported EMS patients from the site of intervention after a primary mission of the EMS team based on a medical decision. The prognosis was

