

Results: Croup score was assessed in only 24% cases. However, dexamethasone was given in 86% cases. Budesonide nebulisations were given in 24% cases, and information leaflet given in 50% cases.

Conclusion: Though dexamethasone was given in majority of the cases, Croup score was assessed in only 24%. A&E staff should be trained more effectively in the management of common pediatric problems and more emphasis is to be made on documentation.

14 **Acute Hemorrhagic Stroke Inclusion in Acute Stroke Program and Use of Activated Factor VII (NOVOSEVEN): Experience in India**

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Background: Stroke is a major problem worldwide as well as in India. Use of TPA has made an impact for acute ischemic stroke patients presenting within 3 hours of onset, however acute hemorrhagic stroke still remains an area of high morbidity and mortality. Use of activated factor seven in acute hemorrhagic stroke has shown some promising results in large studies.

Objective: 1) To study the effectiveness of including acute hemorrhagic stroke in acute stroke program with an emphasis on use of activated factor VII (novoseven). 2) To study the effect of NOVOSEVEN administration in acute hemorrhagic stroke presenting in the first 4 hours of onset.

Method: This is an ongoing prospective observational study since Feb 2005. Only patients presenting within 4 hours of onset were included in this study. Plain CT scan of brain was used to establish the diagnosis. Traumatic intracerebral hemorrhage was excluded from this study. Since Feb 2005 to March 2006 11 patients (9 males, 2 females, mean age 64 years) who presented in 4 hours of onset, diagnosis was confirmed by CT scan. All 11 cases received NOVOSEVEN-2.4 mg IV bolus. 10 Patients were managed with medical treatment alone; one patient underwent surgery.

Results: 1) All survived discharge. 2) Adverse effects –nil. 3) Thromboembolic complications –nil. 4) Mortality-1 –one month after discharge. 5) Good functional status last follow in 10 patients-independent activity of daily living (ADL).

Conclusion: 1) Acute hemorrhagic stroke has more dramatic presentation than ischemic stroke and patients in this group are likely to seek early expert medical help as compared to ischemic stroke, hence acute hemorrhagic stroke must be looked upon as urgently as acute ischemic stroke. 2) NOVOSEVEN use in Indian population has demonstrated comparative effect as has been the experience in other countries. 3) The risk of acute thromboembolism did not seem to be common in our experience.

15 **Doctor Jo's Technique for Nasotracheal Intubation**

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Background: Nasotracheal intubation is a fairly commonly used procedure in Emergency Departments and prehospital care. However, it is a blind procedure and not many devices are available to facilitate nasotracheal intubation. To the best available information only BAAM is a device which is used to facilitate the placement of nasotracheal tube, however, this is not available in many countries.

Objective: To establish a simple technique to facilitate insertion and confirmation of a nasotracheal tube.

Method: The usual indications, preparation steps for nasotracheal intubation remaining same as have been prescribed by most standard procedure textbooks. A rubber glove finger with a small hole is attached to the distal end of the endotracheal tube and secured with a tape. This acts like a flutter valve and closes and opens with inspiration and expiration and effectively guides the intubation into trachea. It also helps in confirming if the tube is in trachea. In case the flutter valve does not open and close when the person is breathing it is unlikely that it is in the trachea.

Results: 1) This technique has been applied to 10 patients in the last 3 months and I have found it to be extremely helpful, reliable, cost effective, and safe. 2) It is more objective than BAAM as it offers visual effect rather than a whistling sound in BAAM which may not be very reliable in Emergency Departments and prehospital scenarios. 3) A modified version of this technique, which will have both visual and sound to guide, is being worked upon. 4) It requires very little training and can be effectively used by prehospital care personnel to guide nasotracheal intubations.

16 **Direct Discharge from Triage in Emergency Departments: Assessment, Risks, and Patient Satisfaction**

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Aim: After triage assessment, the potential for two different referral models introduced in two urban hospitals was assessed.

Patients and Methods: After triage assessment, patients with minor complaints were identified. Hospital A ED proposed that these patients should be referred to a hospital-A-affiliated off-site clinic, whereas hospital B ED tried to refer such patients to their primary care setting. Within a year, we assessed on both EDs: the number of arrivals, the percentage of proposed referrals (PR), the percentage of accepted referrals (AR), the percentage of carried-out referrals (CR: patients who, once discharged, actually arrived on the other setting), and percentage of returned referrals (RR) to the ED, as well as return reasons, and the percentage of returned patients finally admitted. The degree of patient satisfaction was evaluated by means of a phone survey.

Results: From both ED, 44,764 arrivals and 7,297 (16.3%) PR were registered. The percentage of AR and CR was 94.3% and 75.3% respectively. The percentage of PR from hospital B was higher (18.7% vs 13.1%, $p < 0.001$), but hospital A obtained a greater percentage of AR (98.9% vs 92%, $p < 0.001$) and CR (93.7% vs 65%, $p < 0.001$). The percentage of RR from both EDs was 1.5%