in a management change in 84% of cases. Major changes in management related to medication choice (42.4%), admission (30%), transfer to a higher level of care (28.1%), and performance of procedures (23.3%).

Conclusions: During this six-month training program in Rwanda, participants used POCUS for a range of applications. The remote QA process captured 31% of ultrasounds performed. Of scans with QA, the average score was adequate to good. POCUS routinely changed clinical management. This study demonstrates the impact of POCUS in a resource-limited setting.

Abstract: The use of supraglottic airways as rescue devices in failed intubation has become well accepted in emergency practice. Many offer or advertise the possibility of intubation through these devices, but techniques and success rates vary greatly. Intubation and resuscitation has become well accepted in emergency practice. Many offer or advertise the possibility of intubation through supraglottic airways. In this review, I examine the evidence behind different devices, but these did not frequently require admission to hospital and caused no deaths. As long as clinicians remain vigilant for more severe injuries, these patients can generally be treated in low resourced environments.

State of the art: Rescue intubation through supraglottic airways

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Abstract: The use of supraglottic airways as rescue devices in failed intubation and resuscitation has become well accepted in emergency practice. Many offer or advertise the possibility of intubation through the device, but techniques and success rates vary greatly. Intubation can be achieved blindly, with the use a bougie or introducer, or with fiberoptic guidance. In this review, I examine the evidence behind different devices with various techniques, present the data from our ongoing research, suggest further research directions and propose practical guidelines for clinical use in emergencies.

Patterns of injury in penetrating sharp trauma in a Provincial KwaZulu-Natal Hospital

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Introduction: Attendances to provincial emergency centres involving penetrating sharp trauma are a frequent occurrence and represent a significant burden on a department’s workload. The majority of studies in this area have been based in major urban hospitals. This is an observational study of patients attending Stanger Hospital Emergency Centre in the rural district of Ilembe with penetrating sharp trauma.

Method: Notes collected from a two-month period in 2011 were reviewed and data collected to determine patient characteristics, wounds inflicted, distribution of injury and patient outcome.

Results: 127 case notes were analysed. The majority of patients were young (median age 27 years), male (108/127; 85%), and had reportedly ingested alcohol (84/127; 66.1%). Most had more than one wound (median 2 wounds per patient) but did not suffer from significant blood loss and there were no deaths. Only 15/127 (11.8%) required hospital admission.

Discussion: Most patients suffered multiple wounds over multiple sites but these did not frequently require admission to hospital and caused no deaths. As long as clinicians remain vigilant for more severe injuries, these patients can generally be treated in low resourced environments. The majority of patients were discharged directly from the Emergency Centre making it the best place for these people to receive health education to prevent further injuries.

Epidemiology of traumatic brain injury patients at Kilimanjaro Christian medical centre, Moshi, Tanzania

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Introduction: Traumatic brain injury (TBI) affects 10 million people annually. Clinical epidemiology can inform prevention initiatives to curb this burden. Kilimanjaro Christian Medical Centre (KCMC) is a referral hospital for 11 million people with neurosurgical capacity located in Moshi, Tanzania.

Methods: Secondary analysis of a prospective observational TBI Acute Care Registry at the KCMC Casualty Department (CD) included all patients presenting between May 5 and July 27th, 2013. Means with standard deviations (SD), Fisher’s exact or Chi-squared with a binomial logistic regression reporting Odds Ratios (OR) with 95% confidence intervals (CI) was calculated using Stata IC (College Station, TX).

Results: 171 total patients were enrolled in the TBI Registry. The mean age was 32.1 years (range 1–99, SD 16.6), with 71% between 15 and 45 years of age. 82% were male and 28% cases involved alcohol. Causes of TBI were road traffic injuries (RTI) (74%), assaults (13%) or falls (8%), 52% of RTI’s involved motorcycle users. The mean Glasgow Coma Score (GCS) was 12.6 (range 3-15, SD 4.04) with 19% of patients having severe TBI (GCS of < 9). The overall mortality rate was 13% for all CD patients, 14% for admitted patients and 80% for patients admitted to the ICU. Death was associated with hypoxia (OR 16.0 (95% CI 5.4, 47.5), hypotension (OR 7.3 (95% CI 1.4, 38.4) and low GCS (GCS <9, OR 29.7 (95% CI 9.6, 92.0)). Severe TBI had a 53% mortality rate, while moderate and mild TBI 12% and 3% fatality rates respectively. Of severe TBI patients, 63.6% suffered disability from their injury compared to 27% of moderate and 3% of mild TBI.

Conclusion: Most TBI patients were young males involved in road traffic collisions, predominantly involving motorcycles. Over a quarter of them involve alcohol. Our data support that TBI causes significant death and disability.

SMS picture messaging as an adjunct in emergency medicine training – pilot project on feasibility in an African healthcare system

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Introduction: Advances in mobile phone technology have aided the development of new methods of instantaneous communication, such as SMS picture messaging.

Aims: To assess the feasibility of SMS picture messaging as an adjunct in Emergency Medicine (EM) training and identify factors which might impact on its use in Africa.

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