

Conclusion: Early diagnosis and intensive medical and surgical treatment were mandatory to minimize both morbidity and mortality from NEC. Surgical management should be determined according to the special circumstances of each case. However, the optimum choice between peritoneal drainage and laparotomy remains controversial. Gestational age, birth weight, age at admission, and treatment modality are definite prognostic factors as regard morbidity and mortality of patients with NEC.

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The use of open source electronic medical records in an urban ED in Kumasi-Ghana

P.K. Forson*, G. Oduro, M.S. Forson, R. Oteng, J. Bonney, C. Oppong, M. Osei-Ampofo, D. Kumi, C.N. Mock, B.E. Beth, P. Donkor

*Corresponding affiliation and contact: Department of Emergency Medicine, Komfo Anokye Teaching Hospital, Kumasi, Ghana. Email address: kaforson@yahoo.com

Introduction: In a busy emergency department (ED), missing patient medical records is a common complaint to contend with. Electronic medical records (EMR) may be one useful way of ensuring patient record integrity and confidentiality. KATH ED sees 28,000 patients a year and integrity of patient records is a major challenge. This study sought to improve the integrity of medical records within the ED and efficiency of patient flow within the ED.

Methods: Regular panel meetings of emergency physicians, IT specialists and biostatisticians were held from February, 2012 to February, 2013. Open source software, Openemr was adapted in the creation of electronic medical records for the ED of KATH in February, 2012. Changes were made to the software included registration and patient search, triage board, doctor's notes whiteboard to reflect the pattern of practice in KATH ED.

Results: The EMR allows registration, triage and the entire medical records to be stored on patients. 12,000 Patient demographics have been migrated on to the EMR. Emergency physicians and charge nurses are able to monitor patient flow in the ED.

Conclusion: Open source medical records may be the most appropriate and cost-effective software to adapt for keeping patient records electronically in a low resource setting. Further studies need to be conducted to demonstrate how EMR may affect the pace of work in the ED.

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Comparative trend analysis of gunshot injuries and motor vehicle crashes at the KATH Emergency Department

P.K. Forson*, G. Oduro, D. Amankwatia, R. Oteng, P. Donkor

*Corresponding affiliation and contact: Department of Emergency Medicine, Komfo Anokye Teaching Hospital, Kumasi, Ghana. Email address: kaforson@yahoo.com

Introduction: Motor vehicle crashes are a major cause of morbidity and mortality in developing countries. Injuries resulting from fire arms were the second leading cause of death in the US in 2003. In Ghana, motor vehicle crashes (MVC) are a common cause of injury and mor-

tality whiles firearm related injuries (FAI) have not featured highly. However, with increase in commercial and industrial activities in Ghana, firearm related injuries have been on the increase. This study seeks to compare FAI and MVC admissions in the ED.

Methods: A retrospective cross-sectional review of all admissions resulting from FAI and MVC from May, 2009 to December, 2012. The trends in rate of admissions per month and yearly was assessed and compared. Analysis was done using Stata 11.0

Results: There were 409 FAI and 11,195 MVC admissions over years. Men were more involved in both MVC and FAI than women. FAI and MVC admissions occurred mostly between June and August, and November and December each year. FAI admissions have increased by seven-fold in four years whereas MVC admissions increased by 1.8 in 2011 and declined by 11.5% by the end of 2012. In 2009, FAI constituted 0.8% of all injuries in the ED in 2009 and at the end of 2012 contributed 5% to the injury pool.

Conclusion: MVC continue to be a major cause of injury admissions, however the rising FAI admissions cannot be overlooked. FAI may have gained public health significance in Ghana and requires attention as MVC.

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Emergency medicine task shifting: Quick dash outcome scores of upper extremity injury management

D.S. Frank*, K. Dunleavy, R. Nambaziira, I. Nayeabare, B. Dreifuss, M. Bisanzo

*Corresponding affiliation and contact: Department of Emergency Medicine, Division of Global Health, University of Massachusetts; Global Emergency Care Collaborative, United States. Email address: daniel.frank@umassmed.edu

Study Objectives: This is a pilot study using the Quick DASH Survey (disabilities of arm, shoulder and hand), a validated outcome measurement tool. Our primary objective was to assess functional outcomes of patients with acute upper extremity injuries who were cared for by non-physician clinicians as part of a task-shifting program. Secondarily, we determined if the Quick DASH can be successfully utilized in a non-traditional low-resourced setting.

Methods: This pilot was administered by the Global Emergency Care Collaborative (GECC) at the Karoli Lwanga Hospital Emergency Department (ED) in Uganda. Patients were identified retrospectively by querying the ED quality assurance database. An initial list of all patients who sustained traumatic injury (RTA, Assault or Accident) between March 2012 and February 2013 was narrowed to patients with upper extremity trauma, those 18 yrs and older, and those with cellular phone access. This subset of patients was called and administered the Quick DASH. The results were subsequently analyzed using the standardized DASH metrics. These outcome measures were further analysed based upon injury type (simple laceration, complex laceration, fracture, subluxation), laceration location (finger, palm, wrist), age at presentation (18–69), and time from initial presentation to follow up (1–11 months).

Results and conclusions: There were a total of 25 initial candidates, of which only 17 were able to complete the survey. Using the Quick DASH Outcome Measure, our 17 patients had a mean score of 29.5 (range 5.0– 56.8). When compared to the standardized Quick DASH outcomes (no work limitation at 27.5 vs. work limited by injury at 52.6) the non-physician clinicians appear to be performing upper extremity repairs with good outcomes. The key variable to successful repair was the initial injury type. Although accommodations needed