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Conference abstracts accepted for oral presentation

AfJEM is proud to be collaborating with the Emergency Medicine Society of South Africa (EMSSA) in publishing the conference abstracts accepted for oral presentation at EMSSA's Opportunity and Innovation in Emergency Medicine conference held in Cape Town, South Africa (5–7 November 2013). The abstracts are listed in alphabetical order using the first author's last name. Where available, only the corresponding author's affiliation and a contact email are published. The scientific committee for this conference were responsible for peer review of the abstracts. Abstracts received after 5 August and abstracts where authors declined publication have not been included in this supplement and will be made available at the conference separately.

An analysis of inter-healthcare facility transfer of neonates within the eThekwini health district of KwaZulu-Natal

P. Ashokcoomar *, R. Naidoo

*Corresponding affiliation and contact: Department of Emergency Medical Care & Rescue, Durban University of Technology, Durban, KwaZulu-Natal, South Africa; Emergency Medical Rescue Services, KwaZulu-Natal, South Africa. Email address: bat.coomar@gmail.com

Objectives: To assess the time frames for the inter-healthcare facility transfer of neonates and investigate the factors that may have led to delays in the transfer; and investigate any adverse events encountered during the transfer of the neonate.
Methods: A prospective study was conducted from December 2011 to January 2012. A quantitative, non-experimental design was used to undertake a descriptive analysis of 120 inter-healthcare facility transfers of neonates within the eThekwini Health District of KwaZulu-Natal. Data collection relied upon two questionnaires.
Results: All the transfers were undertaken by road ambulances of which 83 (62.2%) by the operational ambulance units, 35 (29.2%) by the obstetric unit and 2 (1.7%) by the planned patient transport units. Twenty nine (24.2%) were specialised transfers. The mean time ± standard deviation (SD) to complete an inter-healthcare facility transfer was 3 h 49 min ± 1 h 57 min with the minimum time of 5 min and the maximum time of 10 h 34 min. Equipment required for neonatal transport was a major problem due to poor resource allocation, and malfunctioning, inappropriate, insufficient and unsterile equipment. The study identified 10 (8.3%) physiological related adverse events which included 1 (0.8%) death and 18 (15.0%) equipment related adverse events.
Conclusions: The EMRS eThekwini Health District is involved in the transportation of a significant number of intensive care and non-intensive care neonates between healthcare facilities. This study has identified numerous factors affecting the efficiency of inter-facility transfer of neonates highlighting various areas requiring improvement.

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Text messages improve pain management post-discharge from the paediatric emergency department

J. Boyd *, C. Harper, P. Thomas

*Corresponding affiliation and contact: Milton Keynes NHS Foundation Trust, Milton Keynes, United Kingdom. Email address: jasonboyd@doctors.org.uk

Introduction: Recognition and alleviation of pain should be a priority when treating ill and injured children in the Emergency Department (ED). Optimising analgesia in paediatric patients post-discharge remains a challenge. The increasing accessibility of mobile phone technology worldwide offers new opportunities to communicate with families post-discharge. This study investigates whether text message reminders improve pain management in children post-discharge from the ED.
Method: This was a prospective study of 50 children (aged 1–16 years) with fractures, discharged from the ED. An online automated service was used to send text messages to parents at 6 h and 30 h post-discharge. These served as reminders to administer analgesia. 25 parents received text message reminders and 25 parents received no messages. All parents were telephoned 48 hours post-discharge to ascertain the number of analgesia doses administered and the frequency of reported pain.
Results: The mean number of analgesia doses administered to the text message group was 7.6 vs. 4.9 in the control group, $p = < 0.05$. In the text message group 0 children complained of pain frequently or constantly vs. 5 in the control group. 100% of parents in the text message group felt text messages were an effective reminder.
Conclusion: This study demonstrates that sending text message reminders post-discharge significantly increases the number of analgesia doses administered, reduces the frequency of patients reporting