



Peer Reviewed

Title:

EMS Issues: EMS Triage

Journal Issue:

[Western Journal of Emergency Medicine, 2\(2\)](#)

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Publication Date:

2001

Publication Info:

Western Journal of Emergency Medicine, Department of Emergency Medicine (UCI), UC Irvine

Permalink:

<http://escholarship.org/uc/item/45k6w78x>

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The First Mediterranean Emergency Medicine Congress

The American Academy of Emergency Medicine (AAEM) & the European Society for Emergency Medicine (EuSEM) are proud to jointly present:

"The First Mediterranean Emergency Medicine Congress", in Stresa, Lake Maggiore, Italy, September 2nd-5th, 2001

Take a look at the historical program at www.mafservizi.it/Stresa2001. This meeting is indeed a "First" of its kind. Check out the impressive topics, speakers and panels that address basic as well as controversial issues in Emergency medicine.

The Congress will include 4 days of didactic and interactive educational sessions on the most important and controversial in the field of EM. One of the 4 tracks will feature presentations by individual countries in the Mediterranean, from Italy and France to the Persian Gulf, Israel, Gaza and the West Bank. Four concurrent and separate tracks will feature:

- Poster and Oral Abstract presentations (on-line submission / deadline May 31st)
- Didactic and interactive sessions and case discussions - given by a large number of the most prominent founders and leaders of our specialty
- Several symposiums and panel discussions
- On-line hotel and congress registration (relatively inexpensive) at www.mafservizi.it/stresa2001
- A pre-congress Airway Workshop and an Ultrasound Course
- Over 32 approved Category I CME Credit for US attendees
- Tours and nightly entertainment activities

In particular, the Congress features a number of controversial issues in the provision of emergency medical care and the development of EM in the Middle East and the Mediterranean. Those include:

- The Categorization of Hospitals, Trauma Centers and Emergency Departments
- International EM Organizations: Avenues for Cooperation and Exchange
- Priorities in the International Standardization of Emergency Medicine
- Essentials in the Design of a New Emergency Department
- "Emergency Care as a Patient Right & the Role of Government"
- Segregating Pediatric Emergencies: Should Children Have their Own ED?
- Disaster Medicine: Models of International Medical Aid for Disasters
- Medical Screening, Transfers and Patient Abandonment? Issues and Controversies
- "Prehospital Providers: Physicians versus Paramedics?"
- Triage in Emergency Medicine: Principles and Controversies

- Controversies in the Development of EM as a Primary Specialty: Core Curriculum: Where Do We stop? Traditional Disciplines and the Struggle of EM as a Multi-disciplinary Specialty: Who Owns What? How Do We Start?

We already have over 250 pre-registered delegates from all over the world, including presentations from nearly every country in the Middle East, Europe and the Mediterranean basin...

Please come and join us celebrating EM and the international development of our specialty in this historical region of the world.

Antoine Kazzi, MD, FAAEM, FACEP
AAEM Executive Chairman, the First Mediterranean EM Congress
Associate Chief, EM, University of California, Irvine

EMS Issues

EMS Triage

This is the new EMS column for the California Journal of Emergency Medicine. This is a multi-purpose column, designed to raise and answer questions in EMS, provide guidance for EMS issues and push the boundaries of Pre Hospital care without re-inventing the reflex hammer. As all columns of this nature we welcome questions, comments and letters, and articles pertaining to this subject.

EMS is a key part of Emergency Medicine, providing us with many urgent and emergent cases that are our *raison d'être*.

We recently lost the PerTrake the only approved device for adequately providing an emergency airway in patients we could not intubate in the field. We are left with the grossly inadequate needle-cric, which cannot provide enough O2 flow. The reason for this I was told, is that the PerTrake only worked about 50% of the time. My understanding is that ACLS is useful only 10-25% of the time, so maybe we should junk that as well.

Our government has spent billions of dollars on the WMD, (Weapons of Mass Destruction), program over the past four years providing equipment, training, pharmaceutical caches and many, many meetings. While Metropolitan Medical Task Forces, (MMTF), in many cities have spent these dollars freely on protective gear, decontamination equipment and first responder drugs, the government has still not provided adequate treatment guidelines for the use of these drugs and equipment. Individual Cities have all developed separate and different methods for deployment and treatment. Maybe this National Disaster Medical Conference in Dallas, April 21-25th will have definitive answers.

Howie Michaels, MD
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