of an EMR System in the emergency department of a Level-1 Trauma Center.

Methods: A qualitative survey was conducted among consenting doctors and nurses in the emergency department of the All India Institute of Medical Sciences February to October 2010. Data were collected from a sample of 22—eight doctors and 14 nurses. The collection tool was a structured, closed-ended questionnaire of 12 questions based on usability, applicability, and security, of EMR. A Likert scale (LS) was used (1 = worst, 4 = best). Surveys were done on Day 20, Day 45, and after nine months of implementation of. Responses of emergency care providers were compiled and analyzed using SPSS version 16.

Results: Three surveys consisted of 22 participants in each survey. The survey domain of usability improved on Survey 3 (LS = 2.57), Survey 2 (LS = 2.46), Survey 1 (LS = 2.24). Application of EMR improved from Survey 1 to Survey 3. The data regarding perception of security concerns such as manipulation of data, transparency, and accountability were comparable among Survey 1, Survey 2, and Survey 3. Initial satisfaction was strongly associated with perception of usefulness of data mining for research purposes.

Conclusions: Satisfaction with an EMR system at its implementation generally persisted through the first year of use. Implementation plans must include positive reinforcement regarding EMR among emergency care providers.

(P2-67) Torsade De Pointes and Ventricular Fibrillation Accompanying Intracerebral Hemorrhage

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A 43-year-old patient with well healthy in the past was admitted after a accidental falling down injury. Upon arrival at the Emergent Department, he was unresponsive. (Glasgow coma scale = E1V1M1). The continuous Electrocardiological monitor demonstrated ventricular fibrillation without pulse, and the defibrillation (360 J) with intravenous Epinephrine (1 mg) push was given. The electrocardiogram (ECG) returned to sinus tachycardia. The endotracheal tube was intubated to keep airway patent and ventilation under the unstable vital sign. Ten minutes later, the polymorphic ventricular tachycardia (torsade de pointes) were recorded by continuous ECG. After defibrillation (360 J) twice with intravenous Epinephrine (1 mg) and Amiodarone (150 mg), the rhythm returned to normal sinus rhythm, and the vital sign recovered gradually. The laboratory evaluation showed no abnormality. The cranial computed tomography was done thereafter which showed occultimal bone fracture with subarachnoid hemorrhage, subdural hemorrhage and epidural hemorrhage (Figure 2, arrows indicated hemorrhage). Clinical study has shown increased sympathetic activity in patients with acute intracranial hemorrhage. The increased level of catecholamines would lead to QT prolongation or hypokalemia, which are the predisposing factors of the development of torsade de pointes. Although, the definitive confirmation of a cause and effect relationship about intracranial hemorrhage and torsade de pointes is still controversial, the life-threatening arrhythmia, including atrioventricular blocks, ventricular tachycardia, and fibrillation, which accompany acute cerebral accidents in patients without cardiac disease is observed in many case reports. In our experience and clinical observation, patients should be constantly monitored after acute cerebral events. Besides, the treating team should be familiar with and well-trained in the diagnosis and treatment of cardiac arrhythmias.

(P2-68) Mental State of Healthcare Workers in a Designated H1N1 Screening Center

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Introduction: In Singapore, the H1N1 outbreak lasted 108 days. The study emergency department (ED) was designated as Singapore’s H1N1 screening centre for the borders and the