Results: The most frequently identified people who first cared for the victims were the police (22.4%), passerbyers (21.7 %), accompanying persons (18.9 %), and the accused (5.6%). The police were involved at some point in 71.3% of the cases and were the first to notify the family in 89 .7% of the cases. Of those interviewed, 52.6% of cases received no first aid at all, and 41.5% received elementary first aid. Casualties reached the trauma center by taxi in 24.8% of cases, government ambulance in 21. 4% of cases, private ambulance in 19.3% of cases, and by police pick up van in 19.3% of cases. Additionally, 2.1% arrived on foot. One fifth of the patients traveled more than 50 kms, and 5% of the cases traveled from more than 300kms away.

Discussion: There are poor guidelines and weak licensing requirements for ambulances. No one waits for the EMS to arrive, as there is none. Contrary to popular belief, the police usually were present.

Conclusions: Prehospital services in India are inequitable, with different services provided to urban versus rural, and paying versus non-paying patients. However, the lack of an EMS system in India did not significantly delay arrival of patients to the hospital. With this in mind, though, the responsibility for prehospital care should not fall on uninvolved citizens.

(85) Implementation of Automated External Defibrillation in the Belgian Emergency Medical Services System and Introduction of Public Access Defibrillation

K. Vandevelde
Emergency Department Sint-Janshospital, Brugge, Belgium

Introduction: Every year, 10,000 people die due to sudden cardiac arrest. This is the major cause of death in prehospital care. Ventricular Fibrillation (VF) and Pulseless Ventricular Tachycardia (VT) are the most frequent initial rhythms documented in witnessed cardiac arrest. Defibrillation is the most effective treatment for VF/Pulseless VT. If performed in time, this is an intervention with a high rate of success.

Mission–Organization–Training: In 2003 and 2005, the government of Belgium interviewed all prehospital EMS. With this enquiry, the number and type of Automatic Electronic Defibrillators (AEDs) in use, their frequency of application, and the percentage of ambulance people familiar with the use of AEDs could be identified.

During 2003 and 2004, instructor sessions (ERC Guidelines) were organized to implement uniform AED use. One hundredsixty instructors were trained by a pyramid system of teaching 9,000 ambulance men in the EMS system. Practical problems were discussed, such as uniformity and compatibility of AED devices and training equipment for education.

The total cost of equipping the ambulances that did not have an AED was estimated at 1,000,000 euros. In the 2006, the government distributed semi-automatic defibrillators to equip all ambulances in the EMS system. A change in the law in 2006 allowed PAD (Public Access Defibrillation) for everybody. The Red Cross is now starting to train lay people.

Conclusion: Much progress has been made; however, Basic Life Support Defibrillation should be promoted because cerebral damage after ROSC is a major problem.

(86) Ruptured Ectopic Pregnancy: Risk Factors for a Life-Threatening Condition

M.A. Sindos;[1] S. Antoniou;[2] A.N. Togia;[1]
T.N. Sergentanis;[1] V. Bassiotou;[2] A. Kabagiannis;[2]
F. Malamas;[2] A. Farfaras[1]
1. Hellenic National Centre for Emergency Care, Athens, Greece
2. Athens General Hospital 'G.Gennimatas', Athens, Greece

Objective: To determine the risk factors for the rupture of an ectopic pregnancy in order to help physicians identify women who are at greatest risk.

Methods: The total of number of cases of ectopic pregnancy that were treated in the Gynecology Department of the General Hospital George Genimatas in Athens, Greece, between January 1988 and December 2006 was identified. The following parameters were examined retrospectively: (1) rupture status; (2) past history of pelvic infection or ectopic pregnancy; (3) use of intrauterine contraceptive device (IUCD); (4) operations for infertility treatment/tubal surgery; (5) parity; and (6) gestational age. The study group was assigned into two subgroups: (1) ruptured ectopic pregnancies (Group A); and (2) unruptured ectopic pregnancies (Group B). Where appropriate, Pearson's Chi-Square test was applied. Statistical analysis was performed using STATA 8.0 statistical software.

Results: Two-hundred and twenty-three cases of ectopic pregnancy were retrieved for the studied period. Of these, 144 (65%) were ruptured ectopic pregnancies (Group A) and 79 (35%) were unruptured ectopic pregnancies (Group B). Past history of ectopic pregnancy was present in 55 patients from Group A and 18 patients from Group B (38% vs 23% respectively, $p = 0.019$). Moreover, there was a statistically significant positive association between rupture and parity. No statistical significance was found concerning past history of pelvic infection, use of IUCD, operations for infertility treatment or tubal surgery, and gestational age.

Conclusions: Previous history of ectopic pregnancy and parity seem to be significant risk factors for the rupture of an ectopic pregnancy.

(87) Prehospital Use of the HemCon Bandage by Paramedics of Magen David Adom, the Israeli National Emergency Medical Services System

Z. Feigenberg;[1] A.H. Horesh;[2] R.M. Miler[1]
1. Magen David Adom in Israel, Tel Aviv, Israel
2. Israel

Introduction: Magen David Adom (MDA) is the Israeli national emergency medical services (EMS) system that