Results and discussion. Oral anticoagulation was stopped and switched to 3x 7500 I.E. heparin s.c. prior to dental extraction performed on day 0. Two days later the patient developed an abdominal wall hematoma and a drop in Hb. On the third postoperative day she became hemodynamic unstable. The large hematoma (30x20 cm) was resected. Despite massive transfusion the bleeding from the abdominal wall did not cease. We decided to use rFVIIa as ultima ratio on the 4th postoperative day. After injection of a single dose of 4.8 mg the bleeding stopped and did not recur. Thromboembolic events did not occur. We suppose that an accidental use of LMW-heparin 3x day caused the bleeding. PTT was always in the normal range. Unfortunately Anti-Xa-activity was not measured.

Conclusion. A single dose of rFVIIa was able to stop a severe bleeding caused by an overdose of (LMW)-heparin without any complications in a high-risk patient.

DS06

FACTORS OF A SUCCESSFUL INTEGRATION OF AEDS IN EMT SERVICES - COMPARISON OF 2 AUSTRIAN REGIONS
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Background and goal. Integration of AED in EMT services is one of the relevant factors for appropriate management of sudden cardiac death. In Austria, the integration in EMT services was nearly completed in 2 years. In case by case reviews of the AED use the algorithms showed good efficiency, although differences in usage and benefit for the population in the different regions can be shown. While AED use in Styria is being performed in a 2-tiered system consisting of only one rescue organisation, a variety of different emergency organisations is being involved in providing emergency care in the federal capital city. Reception of emergency calls and dispatch are carried out by a municipal institution which also provides the major part of emergency care.

Materials and methods. We compared data of 2 EMT services in relation to local population and area during 1999-2000. Parameters were numbers of AED use, type of emergency call and outcome.

Results and discussion. AEDs: 0.01-0.03/km² (1 - Styrian Red Cross) 0.07-0.09/km² (2 - St. John Ambulance Vienna); AED Use: 8,33-14,75/100.000 persons (1), 0,5-0,6/100.000 (2), emergency call: collapse 220/277 (1), 2/19 (2), no emergency call (arrival of the EMT service by telephone or intercom). Correctly labelled, 15 (3%) had a label attached showing the number of the cardiac arrest team needs to be the golden standard. If a thorough technical solution is possible, a correct label has to be attached to every telephone or intercom.

DS07

THE IN-HOSPITAL EMERGENCY CALL AS A POSSIBLE CAUSE OF DELAY IN THE ‘CHAIN OF SURVIVAL’
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Background and goal. The chain of survival contains a fast emergency call as a major recommendation. In the hospital immediate emergency calls have a great influence on the outcome of an collapsed patient. International and national efforts to install a uniform emergency telephonic number seem to have success. In the 2200-bed teaching hospital of Vienna, Austria, 3 cardiac arrest teams were installed to locations related to the respective possible scene of collapse. Due to technical reasons, 3 emergency telephone numbers were installed as well. As a support, stickers with the emergency number for the respective site were attached to telephones and intercoms. In case of technical problems, telephones and intercoms are immediately replaced by new or repaired ones that were previously used at a different site. It is possible that a telephone with the sticker attached to it changes its location within the hospital. This may result in displaying the ‘wrong’ emergency phone numbers on stickers attached to those exchanged telephones and intercoms. In any case of absent or wrong labels the onset of ACLS (advanced cardiac life support) by the cardiac arrest team is delayed because of delay of the call, longer routes or a second emergency call for the responsible team.

Methods. We checked 488 telephones and intercoms at patient relevant sites in the General Hospital of Vienna for appropriate emergency call labels.

Results and discussion. 341 (70%) of the telephones and intercoms were correctly labelled, 15 (3%) had a label attached showing the number of a wrong cardiac arrest team and 132 (27%) had no label at all. A uniform emergency call number with automatic identification of the scene of the emergency call and adequate transmission to the responsible cardiac arrest team needs to be the golden standard. If a thorough technical solution is not possible, a correct label has to be attached to every telephone or intercom.

DS08

DIFFERENCES IN DATA QUALITY REVIEWING AED USAGE WITH OR WITHOUT VOICE RECORDING
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Background and goal of study. AHA and ERC recommend the evaluation and documentation of every resuscitation case in Utstein style. Not only is the analysis invaluable for optimisation of CPR performance of the EMT team but reliable and complete documentation is a necessity regarding forensic aspects.

Whereas all automated external defibrillators (AEDs) currently on the market are equipped with an event log and ECG documentation, a voice recording device is only optional. We analysed additional information obtained by voice recording as compared to only ECG and event-log documentation in real resuscitation cases.

Materials and methods. 7 AED real cases of EMT teams were analysed. In all cases the LP 500 (PhysioControl) was used. Cases were evaluated regarding CPR intervals, complications, additional actions, ACLS team arrival using the event log and ECG documentation; afterwards evaluation was repeated including voice record.