The i-STAT® System plays a key role in the patient care continuum. Giving clinicians the critical test results they need, within minutes at the bedside of their patients.

Emergency department physicians can receive cardiac and electrolyte levels to assess the status of their patients fast. In a surgical ICU, a respiratory therapist can quickly evaluate a patient’s oxygenation and ventilation status to promote and effect efficient ventilator weaning. And in the operating suite, a perfusionist can assess vital hemostasis and coagulation status while maintaining focus on the patient during a complex procedure.

Accelerating the patient care decision-making process not only improves patient care, it also helps to increase system efficiency throughout the hospital, while supporting quality and compliance initiatives. To learn more, visit www.abbottpointofcare.com

Because every minute counts.
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The first high end ICU performing transport ventilator

The HAMILTON-T1 is designed to ventilate the adult or pediatric ICU patient at any place around the world. With its compact size of less than 6.5 kg, built in batteries with up to 5.5 hours operating time, 8.4" color touch screen and its high performance turbine, this ICU ventilator can accompany your patient within the hospital and between hospitals, whether on the ground or in the air. Its integrated high performing NIV capabilities add state-of-the-art therapy options for any transport situation.

Visit us at booth no. 22 - www.eusem2012.org
Dear Friends and Colleagues,

On behalf of the European Society for Emergency Medicine (EuSEM) and the Emergency Physicians Association of Turkey (EPAT) we are delighted to welcome you to EuSEM 2012.

Emergency Medicine has been growing significantly in Europe and is now established as a primary specialty in 15 countries. The specialty has a strong foundation in Turkey where it has been established for more than 10 years. During recent years EuSEM has played an active role in the creation of a Section of Emergency Medicine within the Union of European Medical Specialists (UEMS). This will enable the specialty to have more autonomy in the development of Emergency Medicine as a primary specialty in all European countries.

The EuSEM 2012 Scientific Committee is very pleased to offer a high quality scientific programme which covers all the major topics in Emergency Medicine. The scientific content of the congress is comprehensive and up-to-date and provides a forum for discussion with leaders in the specialty. It offers a wonderful opportunity for academic, professional and scientific exchange and networking. A faculty world-class speakers, researchers and teachers from Europe and beyond have prepared first-class lectures and will facilitate interactive discussions between speakers and audiences. Their contributions and your presence will make this congress a great success.

We wish you an enjoyable, stimulating and beneficial stay in one of the most beautiful regions of Turkey.

With best wishes,

Abdelouahab Bellou (EuSEM President)  
Başar Cander (EPAT President)
ORGANISERS & CONGRESS COMMITTEES

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Anthony (Tony) Redmond qualified in Medicine from the University of Manchester in 1975 where he also completed his postgraduate training. After qualifying in internal medicine and completing an MD research thesis he trained in Emergency Medicine. He was appointed Lecturer in Emergency Medicine at the University of Manchester and subsequently Consultant in Emergency Medicine at the University Hospital of South Manchester. In 1983 he was one of four founding members of the Emergency Medicine Research Society in the UK, which was later absorbed into the new Faculty of Accident and Emergency Medicine. In 1995 he was appointed Foundation Professor of Emergency Medicine at the University of Keele and Emeritus Professor in 1999. He was founding Editor of Archives of Emergency Medicine, which evolved ultimately into the Emergency Medicine Journal in 2000.

His early research interests were in prehospital care and resuscitation. He founded the South Manchester Accident Rescue Team (SMART) in 1987, a BASICS pre hospital medical team, funded by public donation. It continues to provide medical support to the emergency services in South Manchester. In Stockport he established one of the first paramedic training programmes in the UK, expanding it into Greater Manchester to become at one time the largest such programme in the UK.

He is a founder member of the Resuscitation Council (UK) and part of the original working parties that produced the early national resuscitation guidelines and recommendations for Resuscitation Training officers etc.

His interest in disaster management began with the earthquake in Armenia and he has since responded to a range of humanitarian crises including earthquakes, active volcano, refugee camps, plane crashes, conflict and war, and in many countries, including the UK, Kurdistan, Bosnia, Serbia, Macedonia, Montenegro, Cape Verde, Kosovo, Kenya, Iran, Sierra Leone, Pakistan, Uganda, China and Haiti.

In 1994 he established UK-Med www.uk-med.org an NGO that provides international emergency humanitarian medical assistance and which now hosts the UK International Emergency Trauma Register. UKIETF is a national resource funded by the UK government that draws together clinicians to form a national surgical/emergency response to large scale sudden onset natural disasters. It also coordinates and runs national training courses for this work. He is Chair of the Foreign Medical Teams Working Group at WHO Geneva.

He is currently Professor of International Emergency Medicine at the University of Manchester and Lead for Global Health at the Manchester Academic Health Sciences Centre. He co-founded the Humanitarian and Conflict Response Institute at the University of Manchester (www.hcri.ac.uk). This is a joint venture between the Faculties of Medicine and Humanities and researches into the background to and consequence of humanitarian crises. The HCRI runs Masters programmes in humanitarianism and conflict studies, international disaster management and a bachelors programme in global health.

At the Medical School he leads on Global Health education and has established a module in Emergency Humanitarian Assistance as part of a Masters in Public Health and Masters in Humanitarianism and Conflict Studies.

He has published widely in the field of emergency and disaster medicine and is the editor of the ABC of Conflict and Disaster Medicine (BMJ Books).

He was appointed to the Soviet Order for Personal Courage in 1989 for his work in the Armenian earthquake and Officer of the Order of the British Empire for humanitarian assistance to the former Yugoslavia in 1994.

In 2010 he received the Humanitarian Award from the International Federation for Emergency Medicine and in 2011 UK Med received the Excellence in Disaster Management Award from the World Association for Disaster Medicine.
PLENARY SESSION LECTURERS

THURSDAY, 4 OCTOBER 2012 10:40 - 11:30 Room Istanbul 1
PLENARY SESSION PL1 PLENARY LECTURE 1
History of Life Support Care in Europe

Maaret Castrén

Head of Department, Professor in Emergency Medicine, FERC
Department of Clinical Science and Education, Karolinska Institutet, Stockholm,
Sweden

Professor in emergency medicine in Sweden Karolinska Institutet and Finland
Turku University

Chair elected for European Resuscitation Council

She has worked in the prehospital setting most of her carrier. Her research
interests are trauma, cardiac arrest, medical education, pain, flows in the
emergency department.

Professor Castrén has been the founding member of the resuscitation Council
in Finland and has been a board member of the Swedish and Finnish Red
Cross First Aid Council for years. She is nominated the Co-Chair of ILCOR
2015 and is an active member of the work to develop the Resuscitation Guidelines
2015.

FRIDAY, 5 OCTOBER 2012 10:40 - 11:30 Room Istanbul 1
PLENARY SESSION PL2 PLENARY LECTURE 2
Simulation is becoming a reality! An overview of high level initiatives from around the world

Professor Guillaume Alinier

University of Hertfordshire

Guillaume Alinier started his career in clinical simulation as a
Researcher in 2000 at the University of Hertfordshire, UK. He had a rapid academic
career progression that saw him involved in a number of programmes across
the University, ranging from Pharmacy to Electronic Engineering, in the areas
of assessment, Objective Structured Clinical Examinations, simulation-based
education, and mentoring of fellow faculty. He was instrumental in designing
and running a large multiprofessional simulation centre at the University of
Hertfordshire which became a hub of knowledge development and collaboration
for over 10,000 students, professionals, and visitors coming through its doors
annually. He has been the recipient of two prestigious UK Higher Education
Academy awards, namely a National Teaching Fellowship in 2006 and a Senior
Fellowship in 2009, and received his Chair as Professor of Simulation in
Healthcare Education in 2011.

Guillaume has also been a Visiting Fellow of the University of Northumbria
since 2009. Last year he joined the Sidra Medical and Research Center
(Doha, Qatar) as Simulation Program Manager to help develop a state-of-
the-art simulation training facility and educational programs that will be used to
on-board hospital staff and establish Sidra as a world-class academic medical
centre. Over the years Guillaume has held national (UK) and international roles
in the simulation community, notably with the Society in Europe for Simulation
Applied to Medicine, the Association for Simulated Practice in Healthcare, and
the international Society for Simulation in Healthcare. He has been involved
in several funded research and consultancy projects, conducted simulation
education workshops internationally, and contributed to a number of journal
publications and book chapters. His areas of interest are training and consultancy
for the development of simulation facilitators and new training facilities,
and pre- and post-registration interprofessional scenario-based simulation
to improve collaborative working and patient safety.
GENERAL INFORMATION

CONGRESS VENUE

EuSEM 2012 will take place at the Congress Centre within the Susesi Luxury Resort. The Susesi is a five-star 550-room hotel in Belek with all the services and amenities you could wish for - restaurants, bars, sports and spa facilities.

Antalya is one of the main seaside resorts in Turkey with 300 days of sunshine per year. Created in the 2nd century BC, the city of Antalya has been occupied by many civilisations (Romans, Byzantines ...). The old town (Kaleiçi) is particularly attractive with its lanes, old houses and ramparts. The old town is surrounded by the modern one.

The Susesi Luxury Resort is situated 35 km from the airport. Transfer to and from the venue is included in your reservation, provided you book for at least four nights.

Address: Iskele Mevki, 07450 Belek, Antalya, Turkey
Internet Address: www.susesihotel.com
Telephone: +90 242 710 24 00
Languages spoken: Turkish, German, English, French, Russian

ABOUT ANTALYA

Antalya is the capital city of the Antalya Province, located on the Gulf of Antalya on the Mediterranean coast of Turkey. The population of the city is 603,190 (2000 census), reaching 2 million in summer at the height of the tourist season. Situated on a steep cliff, Antalya is a picturesque city surrounded by mountains, forests, Mediterranean Sea and many ancient ruins. Thanks to its airport, Antalya is a gateway for Turkey's coastal resorts which have become known as 'Turkish Riviera' because of the natural and historical beauty.

Combining history and culture it deserves the title of 'capital of Turkish tourism'. Today the city of Antalya is reliving a golden age. It has been transformed into a cultural and touristic hub with hotels featuring concepts such as 'Venice', 'Topkapý Palace' and Moscow cathedrals. Kaleici, the rustic old town where historic Turkish and Greek houses are under protection, is the most popular center in Antalya. It is situated between the yacht harbour and the main city. Old houses separated by narrow, cobbled-stone roads are now hotels and tourism-related shops. Traces of Byzantine, Roman and Seljuks architecture and culture can still be seen. Antalya museums house finds belonging from historic ages of Anatolia.

In the city, Ottoman architecture can be seen in places such as Yivli Minare, Kulliye and Karamağloğlu Park. Konyaaltı and Lara coasts are well known for their crystal clear waters. Famous sites accessible by daily tours are Side, Perga, Manavgat and Alanya. Ancient cities such as Phaselis, Olympos, Adrasan and Kekova can be reached by sea with Blue Voyagers.

LOCATION

Antalya is located on the Mediterranean coast of south-west Turkey, between the Taurus Mountains and the Mediterranean Sea. Travel distance from Istanbul to Antalya is 710 km.

CURRENCY

The currency is Turkish Lira.
Current exchange rates for Euros and US Dollars are:
EUR/TRY: 2.34  -  USD/TRY: 1.77

BANKING AND EXCHANGE FACILITIES

Foreign currency can be exchanged at banks during normal business hours (09.00-17.00 Monday-Friday) as well as at hotels, at the airport and in exchange offices. All major credit cards are accepted in hotels, restaurants and shops. Numerous Automated Bank Machines are available throughout the city and at the airport.

EMERGENCY PHONE NUMBERS: Ambulance: 112  -  Police: 155

CLIMATE AND CLOTHING

During October the daytime temperatures are in the range of 25°C and evening temperatures are 17°C. The average temperature is 25°C and the humidity rate is 68%. We recommend you bring light clothing, sweater and a jacket for cooler evenings. There might be occasional rain fall and it is therefore advisable to bring an umbrella.

LOCAL TIME: GMT (Greenwich Mean Time) +2

ELECTRICITY

Turkey has 220 volts/50 Hz. electricity and socket type is European standard (2-pin plug). British and USA appliances need an adaptor.

ROAMING SERVICE

There are 3 operators for mobile communication and they are Turkcell, Vodafone and Avea. If your own operator has a deal with one of these operators, you may be able to receive and make phone calls. But be aware that extra fees may apply and they may vary between operators.

TRAVEL INFORMATION

AIRPORT & TRANSPORT TO VENUE

The Antalya International Airport is 35 km from the congress venue, Susesi Luxury Resort. There is no public transport from the airport to the hotel.

If you have booked at least 4 nights through MCO Congres or Plaza Tourism, your transport from and to the airport is included in your hotel booking.

The only other way of travelling between the airport and the venue are taxis. – Taxis are available 24 hours/day and the fare is approximately €50 one way.

PASSPORT & VISA

Passport and visa requirements may differ according to the country of origin. Please contact your travel agent or the Turkish Consulate or Embassy in your country for further advice: www.konsolosluk.gov.tr

OFFICIAL CARRIER

The best fare for your airline ticket. Attractive discounts on a wide range of fares on all Air France and KLM flights worldwide.

Event ID Code to keep for the booking: 16769AF
CONGRESS INFORMATION

BADGES
Name badges will be provided at the registration desk. All participants are required to wear their badge throughout the congress. Only badge holders will be admitted to the sessions.

BUSINESS HOURS & SHOPPING
Shops open at 10:00 and close at 22:00. The nearest shops are in Belek City Center which is 4 km from the Hotel Susesi Luxury resort.

CERTIFICATE OF ATTENDANCE
A Certificate of Attendance will be available at the registration desk.

CHECK-IN/OUT
Hotel check-in time is 14:00. Check-out time is 12:00.

CME INFORMATION
EuSEM 2012 is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS).

The ‘EuSEM 2012’ is designated for a maximum of (or ‘for up to’) 18 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at: www.ama-assn.org/go/internationalcme

Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

CONGRESS LANGUAGE
The official language of the congress is English. There will be no simultaneous interpreting.

CREDIT / DEBIT CARDS
Commonly accepted credit/debit cards in the Hotel are American Express, Diners Club, Visa, Master Card and Euro Card. Restaurants and shops generally display signs indicating which cards they accept.

EXHIBITION
The exhibition is open throughout the congress.

INSURANCE AND LIABILITY
Neither the Congress Organisers nor the Congress Secretariat accept any liability for personal injuries sustained, or for loss or damage to property belonging to conference participants, either during or as a result of the conference.

MEDICAL SERVICES
Please contact Susesi Luxury Resort Hotel.
Hotel reception: 4444
Urgent medical service number: 112

REGISTRATION DESK – OPENING HOURS

PRE-COURSES
- Monday, 1 October 2012 08:00 - 18:30
- Tuesday, 2 October 2012 08:00 - 18:30

EXHIBITION
- Wednesday, 3 October 2012 13:00 - 18:00
- Thursday, 4 October 2012 08:00 - 19:00
- Friday, 5 October 2012 08:00 - 19:00
- Saturday, 6 October 2012 08:00 - 14:30

TOURIST INFORMATION
For tourist information about Antalya and Turkey, please visit: www.goturkey.com

Tourism Info and Call center :
Deniz Mahallesi Anafartalar Caddesi n°31/ Antalya + (90-242) 179
Antalya.179@kulturturizm.gov.tr
### Friday, 5 October 2012

#### ISTANBUL 1
**Track A (State of the Art)**
- A31 - Trauma I

#### ISTANBUL 2
**Track B (Clinical Questions)**
- B31 - Environmental Emergencies

#### IZMIR 1-2
**Track C (Organizational Aspects)**
- C31 - ED & Budgetting

#### ANTALYA 1-2
**Track D**
- D31 - ...Researchers

#### ISTANBUL 3
**Track E**
- E31 - Infection Emergencies

#### MARDIN
**Track F**
- F31 - Free Papers: Administration & Management

#### KASTAMONU
**Track G**
- G31 - Free Papers: Biomarkers 1

#### Plenary Lecture Guiloume Alliner:
"Simulation is becoming a reality! An overview of high level initiatives from around the world"

### Saturday, 6 October 2012

#### ISTANBUL 1
**Track A (State of the Art)**
- A41 - Neurologic Emergencies

#### ISTANBUL 2
**Track B (Clinical Questions)**
- B41 - Cardiovascular Emergencies II

#### IZMIR 1-2
**Track C (Organizational Aspects)**
- C41 - Education & Training in EM

#### ANTALYA 1-2
**Track D**
- D41 - ...the Emergency Medicine National Societies

#### ISTANBUL 3
**Track E**
- E41 - Neurological Emergencies

#### Best Papers Session & Awards
- B42 - Clinical Cases, organised by the YEMO SECTION

#### A42 - Metabolic Emergencies
- C42 - Communication in EM

#### D42 - ...the Emergency Medicine National Societies
- E42 - Earthquake
ED ADMINISTRATION Room IZMIR 1
MONDAY, 1 OCTOBER 2012 - 08:30 - 17:30
Course Director: Phillip Anderson (USA), Nathalie Flocke (France), Faculty: Phillip Anderson (USA), Stephanie Kayden (USA), Robert Freitas (USA), Nathalie Flocke (France)

Course description: Performance and Quality Improvement are among the central administrative challenges facing Emergency Department leaders in all countries. Through a series of lectures and workshops facilitated by experienced faculty, course participants will learn practical approaches for improving performance and quality in their emergency departments. Participants will work together in small groups on concrete problem solving projects designed to produce concrete tools and strategies that can be implemented in the participants’ home institutions. This course is being organized by the International Emergency Department Leadership Institute (IEDLI) www.iedli.org

Learning objectives: At the completion of the course, participants will be able:
- To describe the main theories of change in organizations and discuss strategies for implementing change in Emergency Departments, with a particular focus on implementing quality improvement initiatives
- To define quality as it relates to care delivery in the emergency department and discuss key metrics and performance indicators for measuring quality
- To discuss the difference between practice guidelines and clinical pathways and identify the key elements of clinical pathways that increase likelihood for success
- To describe the key elements of risk management strategies for responding to errors and adverse events in the emergency department.

DISASTER MEDICINE Room IZMIR 2
MONDAY, 1 OCTOBER 2012 - 08:00 - 18:00
I SEE RICELAND: A SIMULATION GAME FOR EXTRA AND IN-HOSPITAL PREPAREDNESS AND RESPONSE TO DISASTERS
IN TWO PHASES: DISTANCE LEARNING COURSE & ON SITE COURSE
Course Directors: Francesco Della Corte (Novara, Italy), Steve Photiou (Padova, Italy), Faculty: Francesco Della Corte (Novara, Italy), Yves Hubloit (Brussels, Belgium), Krist Koeing (Inne, CA, USA), PL Ingrassia (Novara, Italy), Steve Photiou (Padova, Italy), Adolfo Khoury (Besancon, France)

Learning objectives: How to implement a hospital plan to face the contemporary arrival to the Emergency Department of a large number of patients after mass casualties/disasters. Applicants must have basic competence in health care or health management. Practical experience in disaster preparedness or management is welcome.

BASICS ON NON-INVASIVE VENTILATION Room KASTAMONU
MONDAY, 1 OCTOBER 2012 - 08:30 - 17:30
Course Director: Roberta Petrolini (Vercelli, Italy), Faculty: Paolo Groll (San Benedetto del Tronto, Italy), Roberto Cozentini (Milano, Italy), Roberta Marino (Vercelli, Italy)

Course description: The course will give an overview of the pathophysiological basis, rational limits and objectives of the use of Non Invasive Ventilation in the ED. It will present also the different types of NIV, the ventilators and interfaces, and how to treat patients with both critical and non-critical clinical scenarios that will be presented in the hands-on part of the course. The format of the course will be: a few frontal lectures with interaction between teacher and audience, and a full afternoon spent on practical exercise on ventilators, interfaces, and clinical simulated scenarios.

Learning objectives:
Upon completion of this course participants will be able to:
- Understand pathophysiology of acute hypoxic and hypoxic respiratory failure and the rationale of applying a positive pressure non-invasive ventilation as early treatment in the ED
- Know goals, indications and limits of non invasive ventilation
- Understand mechanism of action of C-PAP and PEEP and know the principal modalities of ventilation, and their use in several pathological conditions frequently encountered in the emergency setting.
- Know how a ventilator is made, it’s function and setting and the different interfaces to the patient.

FLUIDS, ELECTROLYTES AND ACID-BASE DISORDERS Room IZMIR 1
TUESDAY, 2 OCTOBER 2012 - 08:30 - 17:00
Course Director: Fernando Schiraldi, Italy
Faculty: Fernando Schiraldi (Italy), Giovanni Guotto (Italy)

Course description: The course is based on the basics of applied physiopathology to explain the main acid-base and electrolytes clinical disturbances. The didactic strategy is aimed to actively involve the audience in making diagnosis on a huge number of “real life” clinical cases. A small electronic library will be at the disposal of participants, so that they can copy some of the best papers about the subject on USB keys.

Learning objectives:
To provide a simple diagnostic approach and get the audience confident on the therapeutic priorities

ADVANCED PEDIATRIC EMERGENCY CARE (APEC) Room RIZE
MARDAY, 1 OCTOBER 2012 - 08:00 - 17:30
TUESDAY, 2 OCTOBER 2012 - 08:30 - 17:30
Course Director: Yehezkel (Hezi) Waisman (Israel), Javier Benito (Spain)
Faculty: Patrick Van de Voorde (Belgium), Nadeem Qureshi (Saudi Arabia), Said H-Ibrissi (Belgium)

Course description & learning objectives:

Background: The APEC course is a development of the Paediatric Section at EuSEM, and will be conducted by its faculty members. At the end of the course participants will be presented with certificates of course completion by EuSEM.

Objectives: To provide physicians participating in the course with both knowledge and advanced skills in recognizing and managing a wide spectrum of paediatric emergencies including trauma, both in the hospital and pre-hospital settings.

General Outline: A two-day course. During the morning hours of both days, lectures will be presented on the management of a wide spectrum of paediatric emergencies (including trauma) with emphasis on evidence-based literature. During the afternoon hours of day 1, students will actively participate (hands-on) in advanced skill stations designed to provide knowledge and skills relevant to paediatric emergency medicine. During the afternoon of day 2, students will participate in small group discussions / cases simulations designed to elicit discussion on the clinical management of common paediatric emergencies including trauma. A full course agenda is provided below.

EMERGENCY MEDICINE ULTRASOUND - BEGINNER Room ANTALYA 1
MONDAY, 1 OCTOBER 2012 - 08:40 - 17:00
TUESDAY, 2 OCTOBER 2012 - 09:00 - 16:30
Course Director: Jim Connolly (UK), Co-director: Mike Lambert (USA)
Faculty: Harsh Al-Rawi (UAE), Zaki Al-Afali (UK), Gian A. Grabel (Italy), Jim Connolly (UK), Riya Gangahar (UK), Sadik Girisgin (Turkey), Adela Golea (Romania), Beatrice Hoffman (USA), Mike Lambert (USA), Emmanuel Laurita (Italy), Chris Muir (Sweden), Ramon Nogués (Spain), Vicki Noble (USA), Vincent Rietveld (The Netherlands), Jo Wood (USA)

Course description:
2-days emergency ultrasound introductory course: lectures, organ-based hands-on practice, problem-oriented ultrasonography.

Learning objectives:
- Recognition of basic images and US artifacts
- Technique: basic US approach to limbs, chest, heart, abdomen
- Recognition of basic US syndromes
- Basic US approach to critical syndromes: cardiac arrest, shock, respiratory failure
- Recognition of basic images and US artifacts
- Technique: basic US approach to limbs, chest, heart, abdomen
- Recognition of basic US syndromes
- Basic US approach to critical syndromes: cardiac arrest, shock, respiratory failure
SCIENTIFIC PROGRAMME PRE-COURSES

EMERGENCY MEDICINE ULTRASOUND – ADVANCED – Room ANTALYA 2
MONDAY, 1 OCTOBER 2012 – 08:30 - 18:00
TUESDAY, 2 OCTOBER 2012 – 08:30 - 18:00
Course Director: Director: Gian A. Cibinel (Italy), Co-director: Sadik Girgin (Turkey)
Faculty: Haith Al-Rawi (UAE), Zeki Atesli (UK), Gian A. Cibinel (Italy), Jim Connolly (UK), Sadik Girgin (Turkey), Adela Golea (Romania), Beatrice Hoffman (USA), Mike Lambert (USA), Emmanuel Lautita (Italy), Chris Muhr (Sweden), Ramon Nogués (Spain), Vicki Noble (USA), Vincent Retveld (The Netherlands), Jo Wood (USA)
Course description:
2-days emergency ultrasound advanced course: lectures, organ based hands-on practice, simulated clinical scenarios.
Learning objectives:
- Technique: advanced US approach to head, neck, limbs, chest, heart, abdomen
- Recognition of advanced US syndromes
- US enhanced advanced management of critical syndromes: cardiac arrest, shock, respiratory failure, acute abdomen, coma
- Technique: advanced US approach to head, neck, limbs, chest, heart, abdomen
- Recognition of advanced US syndromes
- US enhanced advanced management of critical syndromes: cardiac arrest, shock, respiratory failure, acute abdomen, coma

SIMULATION – Room BİGA
MONDAY, 1 OCTOBER 2012 – 09:00 - 17:00
TUESDAY, 2 OCTOBER 2012 – 09:00 - 17:00
Course Director: Abdelouahab Bellou (France), Denis Oriot (France)
Faculty: Guillaume Alinier (United Kingdom), Abdelouahab Bellou (France), Karim Benmellou (Switzerland), François Lecomte (France), Ismael Hisseini (France), Denis Oriot (France), G. Ulufer Sivrikaya (Turkey), Luis Sanchez (Spain), Antonio Goela Vazquez (Spain)
Course description:
Simulation is a technique to replace or amplify real-patient experiences with guided experiences, artificially contrived, that evokes or replicates substantial aspects of the real world in a fully interactive manner. As an educational strategy, simulation provides the opportunity for learning that is both immersive and experiential. Thus, to improve education and ultimately enhance patient safety, healthcare professionals are using simulation in many forms including simulated and virtual patients, static and interactive manikin simulators, task trainers, screen-based (computer) simulations and ‘serious’ gaming. Moreover, simulation has the potential to recreate scenarios that are rarely experienced and test professionals in challenging situations, and to carefully replay or examine their actions. It is a powerful learning tool to help the modern healthcare professional achieve higher levels of competence and safer care. These 2 days courses managed by world class experts on simulation will give the opportunity to trainees to get knowledge and how to teach simulation in emergency medicine using high fidelity manikins in a simulation center.
Learning objectives:
The global objective of this course is to learn how to teach Simulation in Emergency Medicine. At the end of this course, trainees will be able: to know the impact of Simulation on the daily practice of Emergency Medicine, to set a scenario, to use a simulator (SimMan), to brief and debrief.
- To learn the basis on medical education, medical error and human factor.
- To get knowledge on Simulation in Emergency Medicine: definition, tools, scenarios, briefing, debriefing.
- To learn the concept of Crisis Management (CRM) and team work and multi-disciplinary approach in Simulation.
- To practice Simulation by producing scenarios and using SimMan in small trainee groups.

RESEARCH – Room MARDIN
MONDAY, 1 OCTOBER 2012 – 08:30 - 17:00
TUESDAY, 2 OCTOBER 2012 – 08:30 - 17:00
Course Director: Abdelouahab Bellou (France), Luis Castrillo (Spain)
Faculty: Abdelouahab Bellou (France), Luis Castrillo (Spain), Nathalie Flaske (France), Adela Golea (Romania)
Course description:
Following the Pre-Course Program Research fundamentals in Emergency Medicine the participant will be involved in all the aspects related to research projects. The program is based on a real case study with the final objective of manuscript generation following step after step all the aspects of a research project, from the design to the final publication strategy. The program is orientated to the Emergency Medicine environment with his limitations and opportunities.

The participants will take part in an interactive program focus on the acquisition of basic knowledge and the abilities needed for solving crucial aspects of research projects. Specifically at the end of the program the participants will be able to:
- Design research projects.
  - Establish objectives and plan for hypothesis contrast.
  - Prepare a working plan of the crucial project elements.
  - Select variables of interest and prepare a database.
  - Select adequate statistical analysis.
  - Gain abilities in results evaluations and bias, or study limitations.
  - Prepare a manuscript to be sent for publication.
  - To facilitated objectives acquisition a hands-on program has been planned. Participants will follow - from the initial research question, to the publication of the results all the steps needed to produce - quality research. Real research question and real data will be the used on the sessions. The obtained results hopefully will be part of a manuscript.
No previous knowledge is needed to follow the program; to come with a personal computer is recommended but not mandatory.

We encourage all emergency medicine professionals (doctors, nurses) with basic or no previous experience on research, to participate on the program that not only facilitates the development of a research program on the institution, but fundamentally creates the needed environment for quality improvement trough the permanent use of scientific methodology.
WEDNESDAY, 3 OCTOBER 2012

14:00 - 15:30

TRACK A ROOM Istanbul I STATE OF THE ART

PRE-HOSPITAL EMERGENCY MEDICINE I
Chair: Maaret Castrén, SE and Patrick Plaisance, FR
14:00 Sepsis - We still loose patients - Maaret Castrén (Sweden)
14:20 Fluids are not the answer - Benoît Vivien (France)
15:00 European Models of Pre-Hospital Emergency Medicine Care - Patrick Plaisance (France)

OTHER 2
14:00 - 15:30

TRACK B ROOM Istanbul II CLINICAL QUESTIONS

TOXICOLOGICAL EMERGENCIES II
Chair: Kurt Anseeuw, BE and Carlo Locatelli, IT
14:00 Exposition to Toxic Alcohols: Which Patients to Treat with Fomepizole or Ethanol? Bruno Mégardiane (France)
14:20 Antidotes in the Emergency Room - Carlo Locatelli (Italy)
14:40 Carbon Monoxide Poisoning: Which Patients to Treat with Hyperbaric Oxygen? Carlo Locatelli (Italy)
15:00 Fire Smoke Inhalation: Which Patients to Treat with Cyanide Antidotes? Kurt Anseeuw (Belgium)

OTHER 1
14:00 - 15:30

TRACK C ROOM Izmir II & III ORGANISATIONAL ASPECTS

HOW TO MAKE PROTOCOLS?
Chair: Darren Kilroy, UK and Eric Revue, FR
14:00 How to make and implement local protocols and Guidelines in The ED? Franck Verschuren (Belgium)
14:20 Triage Protocols in ED: What is new? - Mehmet Ercan (Turkey)
14:40 How Continuous Professional Practice Evaluation can Improve Quality of Care in the ED? Eric Revue (France)
15:00 Use of Care Protocols for Improving Relationships between ED and Other Specialties Darren Kilroy (United Kingdom)

TRACK D ROOM Antalya I & II EUSEM MEETS

EUSEM MEETS SIMULATION EXPERTS
Chair: Guillaume Allinier, UK and Denis Oriot, FR
14:00 Guidance in planning a successful interprofessional scenario-based simulation session - Guillaume Allinier (United Kingdom)
14:10 Benefits and Pitfalls with use of Task Trainers in Emergency Medicine Simulation Karim Bemmiloud, (Switzerland)
14:20 Simulation in Emergency Medicine with which models? - Denis Oriot (France)

TRACK E ROOM Istanbul III TRACKS IN TURKISH

E11 HOW TO TREAT SHOCK?
Chair: Başar Cander, TR
14:00 Traumatic Shock - Sule Akkose (Turkey)
14:20 Anaphylactic Shock - Ayca Akgalin Akpinar (Turkey)
14:40 Cardiogenic Shock - Mustafa Senikcin (Turkey)
15:00 Neurogenic Shock - M. Gökhan Turay (Turkey)

TRACK F ROOM Mardin FREE PAPERS

F11 OTHER 1
14:00 F11.1: Metabolic Changes in Epileptic Patients Experiencing Seizure During Fasting. E. Aksu, E. Atayik, Y.Y. Aydin, H. Çiftçi, H. Ramadan, F. Çoşkun (Turkey)
14:20 F11.3: Use of bispectral index to monitor the depth of sedation in mechanically ventilated patients in the prehospital setting. J. Nosemann, M. Saunier, E. Wojcieszak, S. Chantelou, C. Rouzet, A. Ricard-Hibon, J. Mantz, F. Duchateau (France)
14:30 F11.4: Analysis of the analgesics use in ED. T. Aniante, DC Cimpoesu, A Pomahadi, V. Popa, D Teodorovici (Romania)
14:40 F11.5: Randomized double blind comparison of high dose nebulized morphine versus intravenous titrated morphine in the emergency management of the post traumatic pain. MA. Mossit, W. Boudia, H. Boubaker, M. Grissa, K. Laouiti, R. Boukef, S. Nouria (Tunisia)
14:50 F11.6: Oligoanalgesia in the emergency department: Facing a real challenge. E. Pennacchio, M. Audito (Italy)
15:00 F11.7: Evaluation of the outcomes, causes, types and incidence of the acid-base disorders in patients presenting to emergency department: A prospective observational descriptive study. A. Kose, E. Amsikan, N Oner, F. Ozdemir, G. Saksan, O. Kukrat, S. Akkose (Turkey)

15:10 F11.8: The validity of the Manchester Triage System in adults. N. Seiper, PP. Rood, P. Palka, HA. Müt (The Netherlands)

TRACK G ROOM Kastamonu FREE PAPERS

G11 OTHER 2
14:00 G11.1: Prediction of elderly care emergency readmissions using the LACE index. E.I. Rosasco, M. Harrison (United Kingdom)
14:10 G11.2: Palliative patients admitted to the emergency department: A retrospective analysis of the adult oncological population. A. Vermeiren, W. Distelmans, J. Hubloue (Belgium)
14:20 G11.3: End Of life in an emergency department: A one-year retrospective study. Floccia, G. Gil-Jardine (France)
14:30 G11.4: The relationship between Red cell distribution width and mortality in critically ill patients. NB Akilu, HS Aksu, E. Akm, R. Koylu, B. Cander (Turkey)
14:50 G11.6: Harmless Acute Pancreatitis Score to predict mild clinical course of the acute pancreatitis in the emergency department. SW Kiang (Korea, South Republic of)
15:00 G11.7: A prediction rule to improve the diagnosis for acute appendicitis in the emergency ward. J. Barแมยก, S. Car佐, L. Corto, A. Garcia de Vicula, M. Mordejo, L. Shangueula (Spain)
15:10 G11.8: X-rays, are we ordering too many? R. Goldschager, J. Salomon, H. Roth, S. Green, J. Green, S. Hampton, A. Kristian, S. Rotson, M. Spanger, R. Gunn, P. Cameron (Australia)
15:20 Q&A

15:30 - 17:00

INDUSTRY SESSION ROOM Antalya I & II INDUSTRY-SPONSORED SYMPOSIUM

WEINMANN Symposium: FROM BLS (BASIC LIFE SUPPORT) TO ILS (INTERMEDIATE LIFE SUPPORT), Moderator: Dr Florian Reifferscheid, University Hospital of Kiel (Germany)

ABBOTT Symposium: THE IMPACT OF LEAN PROCESSES AND BEDSIDE TESTING ON EMERGENCY DEPARTMENT METRICS
Adam J. Singer (MD, Professor and Vice Chairman, Department of Emergency Medicine, Stony Brook University, Stony Brook, NY), Marc Baker (Senior Faculty Lean Enterprise Academy, Director Visual Healthcare Solutions, Goodrich, United Kingdom)

18:30 - 20:30

PLENARY SESSION ROOM Istanbul II WELCOME CEREMONY - HERMAN DELOOZ LECTURE
Tony Redmond: "From Emergency Medicine to Disaster Medicine"
**TRACK G**

**ROOM Kastamonu**

FREE PAPERS G23 INFECTIOUS DISEASE AND SEPSIS

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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</thead>
<tbody>
<tr>
<td>14:30</td>
<td>G23.1</td>
<td>Empiric antibiotic therapy in the emergency department: A drug use review&lt;br&gt;N. Hosseinrouz Tabrizi, M. Walschot, S. Steuerbaum, I. Wybo, M. Ditteoor, D. Dupont, H. Hubliu (Belgium)</td>
</tr>
<tr>
<td>14:40</td>
<td>G23.2</td>
<td>Is postexposure treatment with antibiotics effective for the prevention of Lyme disease after a tick bite? - O. Sz (The Netherlands)</td>
</tr>
<tr>
<td>14:50</td>
<td>G23.3</td>
<td>Empiric antibiotic therapy of urinary tract infections in the emergency department - C. Baarq, J. De Ocho, M. Gonzalez (Spain)</td>
</tr>
<tr>
<td>15:00</td>
<td>G23.4</td>
<td>Evaluation of a clinical pathway for sepsis in Emergency Department: A prospective cohort study - P. Bilbaut, M. Boulin, M. Mihalcea, M. Gordan, H. Siliman, C. Kam (France)</td>
</tr>
<tr>
<td>15:10</td>
<td>G23.5</td>
<td>Predictors of mortality in septic shock: Findings for 57 patients diagnosed on admission to emergency or within 24 hours of admission to intensive care&lt;br&gt;F. Agon, Y. Bayen, C. Erjan, E. Gedik, U. Kaykas, T. Topal, N. Yucel (Turkey)</td>
</tr>
<tr>
<td>15:20</td>
<td>G23.6</td>
<td>Effectiveness of the PIRO score in prognostic stratification of patients with sepsis in the Emergency Department - M. Bajoni, S. Bianchi, F. Caldi, E. De Villa, E. Guerini, F. Innocenti, R. Pini (Italy)</td>
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**TRACK B**

**ROOM Istanbul II**

CLINICAL QUESTIONS B24 RESPIRATORY EMERGENCIES

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>16:30</td>
<td>Management of Asthma in the ED - Roberto Cosentini, I. Paolo Groff, I. (Italy)</td>
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<tr>
<td>16:50</td>
<td>Management of COPD in the ED - Paolo Groff (Italy)</td>
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<tr>
<td>17:10</td>
<td>IV in the ED: Indications and Settings - A. Abdo Khoury (France)</td>
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<tr>
<td>17:30</td>
<td>Management of Pneumothorax and Hemopneumothorax in the ED&lt;br&gt;Ottone Fradakis (Greece)</td>
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</table>

**TRACK C**

**ROOM Izmir I & II**

ORGANISATIONAL ASPECTS C24 IMPROVING PATIENT FLOW IN THE ED

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:30</td>
<td>Competing on Time, Quality and Cost: Making all Ends meet by Means of Seamless Process Management - H. Nikkanen (France)</td>
<td></td>
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<tr>
<td>16:50</td>
<td>Best Practice Report: Benchmarking Patient Flow Management against Leading Industries&lt;br&gt;Ulkumen Rudopu (Turkey)</td>
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<tr>
<td>17:10</td>
<td>Orchestrating Patient Flow Management: Can Working Capital Management be a Source of Learning - Raed Arafat (Romania)</td>
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<tr>
<td>17:30</td>
<td>Lessons learned from EHCP: Planning for the Pandemic Worst Cases&lt;br&gt;Harald Dormann (Germany)</td>
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**TRACK D**

**ROOM Antalya I & II**

EUSEM MEETS THE EUROPEAN SOCIETY OF TOXICOLOGY

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:30</td>
<td>Emergency Triage of the Poisoned Patient: A toxicology Risk Assessment&lt;br&gt;Kurt Anisiew (Belgium)</td>
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<tr>
<td>16:50</td>
<td>The Role of the ECG in Risk Assessment of the Poisoned Patient - Marc Sabbe (Belgium)</td>
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<tr>
<td>17:10</td>
<td>Toxicology Screening in the Immediate Management of Poisoned Patient - What do you really need? - Knut Erik Hovda (Norway)</td>
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<tr>
<td>17:30</td>
<td>Identification of the Poisoned Patient at Risk for ICU Transfer - Florian Eyer (Germany)</td>
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**TRACK F**

**ROOM Mardin**

FREE PAPERS F24 DISASTER MEDICINE 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>16:30</td>
<td>Hospital and Pre-Hospital Preparedness for Disaster Response: Northern Italy, 2010 - M. Zannoni, L. Ragazzoni, P. Ingrassia, F. Dell’Aste (Italy)</td>
<td></td>
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<tr>
<td>16:40</td>
<td>Modeling victims for simulation of disaster medical management&lt;br&gt;M. Debacker, C. Ullrich, F. Van Utterbeeck (Belgium)</td>
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<tr>
<td>16:50</td>
<td>Modeling acute medical response for simulation of disaster medical management&lt;br&gt;M. Debacker, C. Ullrich, F. Van Utterbeeck (Belgium)</td>
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<tr>
<td>17:00</td>
<td>Hospital Disaster Drill, The Structured Approach - GE Khalifa (UAE)</td>
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<tr>
<td>17:10</td>
<td>In-flight auscultation during air medical evacuation: Comparison of electronic and conventional stethoscopes - Fontaine, S. Cos, C. Klein, M. Franchin, C. Poyet, S. Lemine, L. Domanski, J.P. Torturini (France)</td>
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<tr>
<td>17:20</td>
<td>Effect of the Risk Score for Transport Patients (RSTOP) on critically ill patients transport safety and local transportation protocol ability to allocate human and technical resources - P. Cubeddu, S. Ferraris, S. Dalie Nagare, T. Ferraris, M. Berghen, G. Alberto (Italy)</td>
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<tr>
<td>17:30</td>
<td>Emergency calls: Is the patient conscious or unconscious? A study of 1000 cases - A. Cancio, D. Falalam, M. Samir, D. Tan (Romania)</td>
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<tr>
<td>17:40</td>
<td>Does the MTS need a neonatal flowchart? - N. Seiber, M. van Veen, H. Almeida, M. Muge, R. Cameo, C. Alfaves, M. Macoone, M. Hail (The Netherlands, Portugal, UK)</td>
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**TRACK G**

**ROOM Istanbul III**

TRACKS IN TURKISH E24 ED MANAGEMENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>16:30</td>
<td>Emergency Department overcrowding - Isa Kilicaslan (Turkey)</td>
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<tr>
<td>17:10</td>
<td>Violence against Emergency Service - O. Gunyesel (Turkey)</td>
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<tr>
<td>17:30</td>
<td>Ministry of Health perspective on overcrowding and Violence&lt;br&gt;Orhan Koc, F. Etsal Topal (Turkey)</td>
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**TRACK H**

**ROOM Istanbul IV**

FREE PAPERS G24 TRAUMATOLOGY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>16:30</td>
<td>Epidemiology of Penetrating Trauma in an Urban US Population - R. Johnson, L. Moran-Walsh, L. Myers (USA)</td>
<td></td>
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<tr>
<td>16:40</td>
<td>Consistency in Inter-Play Between Revised Trauma Score(Rts) And Computed Tomography(CT) In Traumatic Brain Injury(Tbi) - S. Bagur, K. Kiran, V. Madinur (India)</td>
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<tr>
<td>16:50</td>
<td>The role of oxidative status in initial evaluation of paediatric patients with graded traumatic brain injury - Ha Kaya, Oz. Sogut, M. Goldstein, M. Elbakary, T. Abdullah (Turkey)</td>
<td></td>
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<tr>
<td>17:00</td>
<td>Clinical profile of musculoskeletal injuries associated with the 2011 Van earthquake in Turkey - S. Bagur, K. Kiran, V. Madinur (India)</td>
<td></td>
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<tr>
<td>17:10</td>
<td>Graded Traumatic Brain Injury - D. Wada, D. Wada, D. Wada (Japan)</td>
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<tr>
<td>17:20</td>
<td>The effect of application of &quot;Oxidized Cellulose (Biodacare™)&quot; powder on hemostasis time in an experimental heparinized rat model with femoral artery bleeding - K. Dastug, G. Erciy, E. Omen, V. Ozaydin, O. Yilmaz, N. Golmen (Turkey)</td>
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<tr>
<td>17:30</td>
<td>Retrospective study on traffic accidents and falls of elderly in a Belgian university ED - S. De Clercq, R. Haesendonck, K. Milisen, M. Sabbe, E. Vlaeyen, E. Willems (Belgium)</td>
<td></td>
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<tr>
<td>17:40</td>
<td>Near-infrared spectroscopy (NIRS) for patients with minor or moderate head trauma in the ED - N. Azrouz, Y. Vredonk, J. Sobota, A. Kopeljek, J. L. Pournat (France)</td>
<td></td>
</tr>
<tr>
<td>17:50</td>
<td>Trauma deaths in Sweden 1999-2009, cause and trauma mechanism&lt;br&gt;K. Åslund, D. Bäckström (Sweden)</td>
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</table>
SATURDAY, 6 OCTOBER 2012
09:00 - 10:30

TRACK A
ROOM Istanbul I STATE OF THE ART A41
NEUROLOGIC EMERGENCIES
Chair: Luis Castillo, ES and Othon Fraidakis, GR
09:00 Management of Stroke in the ED - John Fowler (Turkey)
09:20 Evolution of Stroke Outcomes in Europe - Lisa Kurland (Sweden)
09:40 Management of Status Epilepticus in the ED - Othon Fraidakis (Greece)
10:00 Management of Cerebral Hemorrhage in the ED - Basar Cander (Turkey)

TRACK B
ROOM Istanbul II CLINICAL QUESTIONS B41
CARDIOVASCULAR EMERGENCIES II
Chair: Mickael Christ, DE and Said Laribi, FR
09:00 Management of Syncope in the ED - Mickael Christ (Germany)
09:20 Do Emergency Physicians need Biomarkers in Acute Heart Failure Patients? - Said Laribi (France)
09:40 Management of Cardiogenic Shock in the ED - Martin Moeciel (Germany)

TRACK C
ROOM Izmir II & II ORGANISATIONAL ASPECTS C41
EDUCATION & TRAINING IN EMERGENCY MEDICINE
Chair: Roberta Petrino, IT and Helen Askitopoulou, GR
09:00 The European Diploma of Emergency Medicine - Roberta Petrino (Italy)
09:15 CESMA and the Standards of Quality in Postgraduate Education in Europe - David Williams (United Kingdom)
09:30 Developing a Portfolio for Emergency Medicine Residents - Taj Hassan (United Kingdom)
09:50 The Challenges in Assessing Competence - Helen Askitopoulou (Greece)
10:10 ENLIGHTENme- Creating a quality European platform for web based learning. - Taj Hassan (United Kingdom)

TRACK D
ROOM Antalya I & II EUSEM MEETS D41
EUROPEAN NATIONAL SOCIETIES I
Chair: Abdelouahab Bellou, FR and Patrick Plaisance, FR
09:00 Austrian Association of Emergency Medicine - Wilhelm Behringer (Austria)
09:12 Belgian Society of Emergency and Disaster Medicine - Kurt Anseeuw (Belgium)
09:24 French Society for Emergency Medicine - Patrick Plaisance (France)
09:36 German Association for Emergency Medicine - Christoph Dott (Germany)
09:48 Hellenic Society of Emergency Medicine - Panagiotis Agouridakis (Greece)
10:00 Irish Association for Emergency Medicine - James Binchy (Ireland)
10:12 Italian Society for Emergency Medicine - Cinza Barletta (Italy)

TRACK E
ROOM Istanbul III TRACKS IN TURKISH E41
NEUROLOGICAL EMERGENCIES
Chair: Mehmet Gul, TR
09:00 Guillain Barre Syndrome - Yucel Yavuz (Turkey)
09:20 Myasthenia Gravis Crisis - Ayhan Ozhasesenekler (Turkey)
09:40 Electrolyte Imbalance - Ramazan Koylu (Turkey)
10:00 Transvers Myelitis - Hakan Oguzturk (Turkey)

10:40 - 11:30
PLENARY SESSION
ROOM Istanbul I
BPS BEST PAPERS SESSION & AWARDS
12:00 - 13:30

TRACK A
ROOM Istanbul I STATE OF THE ART A42
METABOLIC EMERGENCIES
Chair: Roberta Petrino, IT and Kostas Fakiris, GR
12:00 Management of Hyperkaliemia in the ED - Kostas Fakiris (Greece)
12:20 Management of ketoacidosis in the ED - Roberta Petrino (Italy)
12:40 Management of Dysnatremia in the ED - Julie Meygchling (USA)

13:30 - 14:00
CLOSING OF THE MEETING
CONVENTION CENTER FLOORPLAN

FIRST FLOOR

WELCOME AREA, POSTER AREA & MEETING ROOMS

ENTRANCE

FROM
SUSESİ HOTEL

POSTER
AREA

WELCOME AREA
PARTNERS / EXHIBITORS

The 7th European Congress on Emergency Medicine - EuSEM 2012 welcomes the following companies as exhibitors:

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<td>BRAHMS - THERMOFISHER SCIENTIFIC</td>
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<td>Emergency Medicine Consulting at Harvard Medical Faculty physicians and the International Emergency Departement Leadership Institute</td>
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<td>WEINMANN</td>
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INDUSTRY SESSIONS

> ABBOTT GOLD SPONSOR SYMPOSIUM:
THE IMPACT OF LEAN PROCESSES AND BEDSIDE TESTING ON EMERGENCY DEPARTMENT METRICS

Speakers: Adam J. Singer, MD (Professor and Vice Chairman, Department of Emergency Medicine, Stony Brook University, Stony Brook, NY), Marc Baker (Senior Faculty Lean Enterprise Academy, Director Visual Healthcare Solutions, Goodrich, United Kingdom)

> WEINMANN SYMPOSIUM:
FROM BLS (BASIC LIFE SUPPORT) TO ILS (INTERMEDIATE LIFE SUPPORT).
Moderator: Dr Florian Reifferscheid, University Hospital of Kiel (Germany)

Challenges in pre- and intra-hospital BLS - can medical technology help to optimize procedures for a more ergonomically process and a better outcome?

Years of worldwide research have shown that only with a proper BLS from bystanders or first responder teams the later arriving ALS (advanced life support) teams could be successful.

In pre-hospital EMS (emergency medical system) work or in intra-hospital resuscitation we are facing the same challenges.

Performing a proper BLS to shorten the "no-circulation" time and than a functional chain of survival are essential to improve patients’ outcome.

However it seems to be more difficult to offer more than BLS for less trained rescuers or nurses in periphery wards.

The "hands-off-patient-time" has to be as short as possible. Concerning layperson BLS “chest compression only” is recommended if ventilation seems to be impossible. Early defibrillation is still mandatory, after 3 minutes patients need to be oxygenated. But how if securing an airway and mechanical ventilation are difficult to learn and hinder from chest compression?

During this lecture we will have a close look to the most important topics and most challenging parts of professional life support for first responders, basic ambulance teams, disaster relief units and medical staff outside the ER (emergency room) or ICU (intensive care unit).

We will ask and answer the question:
Can medical technology help to optimize procedures for a more ergonomically process and a better outcome?
Is that the way to improve the step between laypersons first aid and ALS?
The evolution of BLS to ILS, intermediate life support- the "Gold Standard" between BLS and ALS?
At its US headquarters in Union City, California, Abaxis, Inc. develops, manufactures and sells portable blood analyzer systems in the human patient-care setting to provide clinicians with rapid blood constituent measurements. With its European branch office in Germany, Abaxis is able to reach out to the EMEA region, enabling superb customer service and satisfaction. Abaxis primary product is the piccolo xpress, a blood analysis system that operates with minimal training and performs multiple routine tests on only 3 drops of whole blood, serum or plasma samples. The system provides test results in approximately 12 minutes with the precision and accuracy equivalent to a clinical laboratory analyzer. The reagent discs used with the piccolo xpress - blood chemistry analyzer – are designed to handle almost all technical steps of blood chemistry testing automatically. The discs first separate a whole blood sample into plasma and blood cells, meter the required quantity of plasma and diluent, mix the plasma and diluent, and deliver the mixture to the reagent chambers, called cuvettes, along the disc perimeter. Due to the integrated quality system that conducts more than 100 quality checks with every run, the number of controls could be reduced to a minimum. Together, the piccolo xpress and the reagent discs provide a reliable and highly convenient blood analysis system that provides an almost maintenance free solution to everybody who requires accurate blood results on time.

At Abbott Point of Care, we are dedicated to advancing patient point-of-care testing and diagnostic technology. Our mission is to improve patient care and system efficiency by fundamentally changing the way health care professionals manage patient testing process patients across a variety of settings. Our goal is to take health care to patients, wherever they are located. To support this goal, we manufacture the i-STAT® System, an advanced, handheld diagnostic tool that provides real-time, lab-quality results for patient point-of-care testing within minutes to accelerate the patient care decision-making process. As part of Abbott, a global, diversified health care innovator with a legacy of pioneering work in medical diagnostics, Abbott Point of Care is uniquely positioned to bring innovative point-of-care testing to the patient’s bedside. We understand the need for fast, accurate, and reliable test results that give health care professionals across health care settings the confidence they need to make patient care decisions.

The AHA is a founding member of the International Liaison Committee on Resuscitation and participates in the development of international standards in Emergency Cardiovascular Care. The AHA also supports a worldwide training network. It establishes agreements with national heart and resuscitation foundations, health ministries and other independent organizations to conduct ECC training based on international standards. The foundation of AHA ECC training is based on strengthening the chain of survival in every community. The AHA training network now includes training centers in over 80 countries. Every year, over 11 million people receive AHA training around the world. Some AHA ECC training materials are available in as many as 17 languages and most major courses are available in Chinese, French, German, Italian, Japanese, Portuguese, and Spanish. Please visit us at www.heart.org

Caglar Medical is an important medical device distribution company in Turkey. It has a team of specialist reps and a sound dealer network that have strong relationships with the Anesthesia, Critical Care and Emergency Departments in all of Turkey’s major hospitals and the key airway management opinion leaders. Currently, company exclusively imports top world brands, including but not limited to Accuvein, Avan, Aircraft Medical, Allied Healthcare, Armstrong Medical, Delphys Medical and Trucorp. It has been serving the medical field since 1998 and starting with 2010, Caglar Medical has been exporting some of its imports to nearby countries. The company works closely with medical professionals to seek latest technology, development and ideas to add value its product portfolio. In 2012, the company acquired ISO 9001:2008 and continues to seek investment in products & services with high value and potential.

GS Elektromedizinische Geräte G. Stemple GmbH has been developing and manufacturing innovative high-end medical equipment for emergency and intensive care for over 30 years. The systems and solutions for monitoring and treating patients with life-threatening cardiovascular disease or severe injuries sold under the trade name corpuls® are deployed daily in over 50 countries worldwide. Corpuls® defibrillators and patient monitoring systems have always set standards in implementing the newest medical-scientific findings as well as being innovative and ergonomic. They guarantee reliable and safe support in the ongoing struggle to save lives. Long years of deployment of the devices in the toughest environments and thousands of satisfied customers are the best proof for the success of our philosophy and give daily motivation to all GS employees. The outstanding innovative achievement of the GS team has won multiple awards recently, among others the German Industriepreis in the category medical technology, as finalist at the Deutscher Innovationspreis, as “Selected Landmark” in the competition “Germany – Land of Ideas” and as awardee and special awardee for outstanding innovative achievement in the competition “Bavaria’s Best 50".
E. CARE

E. care ED offers a computerized workflow for the emergency ward, thanks to which the red tape can be reduced to a minimum and every employee can dispose of a maximum of relevant information.

E. care ED realizes a top-quality service, from which both the patient, nurse, physician and hospital benefit.

E. care ED offers you:
- a clear overview of the entire ward and every individual file (cockpit screen)
- a summarizing time line of the patient’s file
- the constitution of documentation: source registration of the preclinical phase until hospitalization or discharge
- support with a triage method as desired
- a follow-up of list of duties including clinical pathways
- a clinical report for the physician and the nurse
- order communication and follow-up of the lab, technical inspections, medication and use of materials
- an (automatic) creation of documents, on paper or in a digital version
- preparation of tariﬁcation
- outﬂow management
- an extensive report for the ward, the management and the authorities
- link and integration with other software applications

Available languages: English, Dutch, French, German

Emergency Medicine Consulting at Harvard Medical Faculty Physicians (EMC)

assists domestic and international healthcare organizations in creating high-quality, efficient and sustainable emergency care systems and emergency medicine educational programs. EMC provides its clients with patient-centric, sustainable, cost-effective solutions utilizing an academic approach tailored to clients’ emergency medicine needs. To do this, we assemble speciﬁc project teams based on the unique needs of individual clients, drawing on senior faculty and academic leadership from Harvard Medical School and other Harvard schools, clinical experts, and leaders from within our expansive clinical network. www.emc-hmfp.org

Our offered consulting solutions:
- ED Operations Improvement
- Emergency Medicine Education
- ED Informatics Solutions
- ED Facility Design and Layout
- ED Cost Reduction Solutions
- Physician Alignment and Compensation Plans
- Regulatory Compliance Programs
- Emergency Medical Services (EMS)
- Disaster Planning

 ERC:
The first European Pediatric Resuscitation & Emergency Medicine congress “PREM”; Ghent, Belgium (02/05/2013 - 03/05/2013)

This meeting will provide European emergency physicians, pediatricians, anesthesists, paramedics and nurses with current knowledge, necessary skills and in depth understanding of pediatric resuscitation and emergencies, thus improving the quality of care provided. It is meant to become a 2-yearly meeting.

The scientiﬁc committee for this meeting consists of both Belgian experts and European leaders, members of ERC, EUSEM, ESA, ESPA, ESPNIC and/or EAP. Each of these organizations has endorsed the meeting. A preliminary program has been presented on the website www.prem2013.be. Here you can also ﬁnd any other additional information.

Falck:

Falck, founded in 1906 in Denmark, is an international organisation with business activities in 35 countries on ﬁve continents with over 25 thousands employees. It consists of four different business areas, Emergency, Training, Assistance and Healthcare. Falck’s activities are directed at preventing accidents and disease, providing assistance in situations of emergency, accidents and need, and helping people move on with their lives after illness or accidents.

In 15 countries Falck provides ambulance services to the general public in close collaboration with the public authorities. Operating more than 1800 ambulances which respond to more than 2 million emergency calls each year, Falck has the world’s largest international ambulance ﬂeet. Falck also participates in a large number of other pre-hospital schemes including rapid response units with paramedics, nurses and doctors and also including emergency helicopters and boats.

All activities are built on a fundamental vision that Falck consists of people helping people. Empathy and determination is part of all Falck employees’ DNA.

At the turn of the millennium, Falck was among the ﬁrst ambulance service providers to introduce satellite monitoring (GPS, GIS) of ambulances. Falck also participates in the development of telemedicine, making it possible for the ambulance crews to transfer data on patient heart rate, blood pressure and oxygen saturation directly from the ambulance to a specialist at the hospital.

The Falck Foundation

The Falck Foundation is a non-proﬁt organization with the expressed purpose to targeting optimisation in global quality, and improving cost containment in pre-hospital care, the essential chain in the healthcare process by fulﬁlling all kind of research into: Analysis and Improvement of the different pre-hospital settings, Optimising cost-containment of pre-hospital care, Functions in pre-hospital care.

The Foundation is founded and sponsored by the Falck Group.
COMPANY PROFILES

> FARMATEK:
Farmatek is a privately owned pharmaceutical company, founded in 1991 to import and introduce pharmaceutical products to Turkish medicine. The company began its operations by importing haemophilia and intensive care products, as well as products containing immunoglobulins. Since then, Farmatek has expanded its portfolio with several dermatological, cardiological, urological, and surgical products to meet the market needs. Today, we have an extensive product range including not only prescription products but OTC products, medical devices and dermocosmetics also. Aiming to satisfy the doctors and their patients, Farmatek primarily aspires to introduce new products to health professionals with the ultimate view of enhancing patients’ quality of life. In addition to high-quality and reliable products, we also gives support with scientific research and education and regards this as an important part of its mission. Farmatek will remain true to its mission and continue to press forward in the healthcare market.

HAMILTON MEDICAL
HAMILTON MEDICAL: Ventilation Solution Provider - from the clinical to mobile ICU. HAMILTON MEDICAL specializes in the design and development of ventilation equipment for patients ranging from neonates to adults. Innovative Intelligent Ventilation Solutions invented by HAMILTON MEDICAL, are part of our mission to deliver a unique combination of ease of use, improved patient outcome and efficiency through innovation. Since 1983, our commitment to innovation has resulted in creative solutions such as ultrafast valve technology, on-airway flow sensing, lung function graphics monitoring, pulmonary parameter monitoring, the world’s first closed-loop controlled ventilation mode, Adaptive Support Ventilation (ASV), and the systematic evolution of ASV: INTELLiVENT®-ASV. HAMILTON MEDICAL is proud to be one of the top 3 global providers for ventilators and the supplier with the largest and the most modern ventilator portfolio worldwide.

> I.E ULAGAY
IE Ulagay-Menarini Group, the first pharmaceutical company in Turkey, is one of the leading Turkish pharmaceutical companies. IE Ulagay-Menarini Group as a member of Menarini Group today is the unique Italian-Turkish pharmaceutical company. Thanks to the scientific information provided on some of the most innovative drugs developed by international research, IE Ulagay-Menarini Group’s commitment to continuously keeping the medical class updated and, more recently, the registration of original drugs developed by Menarini Group research has contributed to the growth of health in Turkey. IE Ulagay-Menarini Group has a wide range of product portfolio, which concentrates on antibacterial, antihypertensive, pain & anti-inflammation, gastro-enterology, anti-viral, and anti-migraine areas.

INTERSURGICAL:
Intersurgical is Europe’s leading manufacturer of respiratory support products and will be launching the new i-gel O2 Resus Pack at this year’s conference. This new pack, specially designed for use in resuscitation, includes a sachet of lubricant, a suction tube, an airway support strap and a modified i-gel with a supplementary oxygen port. Choose Intersurgical for Quality, Innovation and Choice.

KARL STORZ
KARL STORZ is a renowned manufacturer that is well established in all fields of endoscopy and can be considered as market leader in rigid endoscopy. The still family held company was founded in 1945 in Tuttlingen, Germany, and has grown to one with a worldwide presence and 5800 employees. KARL STORZ offers a range of both rigid and flexible endoscopes for a broad variety of applications. Today’s product range also includes fully integrated concepts for the OR and servicing.

KMC- EMERGO & TRAIN SYSTEM
Emergo Train System® (ETS) is a pedagogic simulation system developed at the Centre for teaching and Research in Disaster Medicine & Traumatology (KMC) at the University of Linköping Sweden. ETS can be used for education and training of different aspects in emergency and disaster response and management. For example exercises in command and control, liaison, triage, on scene medical management, hospital disaster management and surge capacity. The system is used in more than 30 countries and there are almost 800 trained ETS Senior instructors. ETS have Educator faculties in Sweden, Italy, Australia, The Netherlands, Japan and United Kingdom.

Sales/contact information:
Johan Hornwall
E-mail: johan.hornwall@lio.se - Tel: +46-10-103 7490 - www.emergotrain.com
COMPANY PROFILES

> MERCK SERONO

Merck Serono is the biopharmaceutical division of Merck KGaA. With headquarters in Geneva, Switzerland, Merck Serono offers leading brands in 150 countries to help patients with cancer, multiple sclerosis, infertility, endocrine and metabolic disorders as well as cardiovascular diseases.

In the United States and Canada, EMD Serono operates as a separately incorporated subsidiary of Merck Serono.

Merck Serono discovers, develops, manufactures and markets prescription medicines of both chemical and biological origin in specialist indications. We have an enduring commitment to deliver novel therapies in our core focus areas of neurodegenerative diseases, oncology and rheumatology and emergency products such as Cyanokit 5gr.

> RADMED Inc.:  

RADMED Inc. started its activities at Ankara Headquarter in 1997 by importing Radiopharmaceutical and Radioimmunoassay products. The root of being one of the most known companies in its sector is management’s adhesion to its innovative vision, energetic and self-improving structure, Customer-focused actions and its unsurpassed team. RADMED opened Istanbul Branch Office in 2000 and spread its before & after sales services all around Turkey with its wide dealer network. Being the representative of world’s leading companies, Radmed expands its diagnosis and therapy products range in radioactive (Radiotherapy, Radionuclide therapy, Radioimmunoassay and Research products) and non-radioactive (Auto-analyzers, EIA, Rapid Tests, etc…) areas day by day since its foundation.

Radmed carries on its services with an expert team to private and public health institutions by increasing its quality year over year and by keeping continuous Customer satisfaction in principle.

As being one of the very well-known company and with its multi disciplinary approach, today Radmed achieved to have a wide product range mostly oriented to radionuclide therapy.

> VIDACARE:

The EZ-IO® Vascular Access System by Vidacare provides immediate vascular access for delivery of medications and fluids via the intraosseous space when traditional IVs are difficult or impossible. The EZ-IO is recognized as the technology standard for intraosseous access and has been inserted in over 500,000 patients worldwide. Established in 2001, Vidacare Corporation is the developer of a broad technology platform that is defining the new field of intraosseous medicine.

> WAVE MEDICAL

“Designed by emergency physicians for emergency physicians, International EM Pro gives you access to everything you need in the “heat of battle” environment of emergency medicine, including instant access to detailed information on trauma, toxicology, and procedures. ALS, psychiatric and paediatric conditions. International EM Pro also contains a drug database with 38,000 drug names from 36 countries. When seconds count, INTERNATIONAL EM Pro saves you time and ensures you are making accurate patient care decisions.”

> WEINMANN :

Simply professional.

You can rely on Weinmann. We set the standards for mobile solutions in patient ventilation. Our 130 years of experience and close association with professional users have led to the development of intelligent and perfectly coordinated technologies for emergency, transport and disaster medicine both on the ground and in the air. The reliability and safety of our products are clearly demonstrated under the extreme conditions in air rescue.

For emergency medical services provided by paramedics or doctors or a combination of both, we offer flexible modular system solutions that can be customized for your particular needs quickly and cost-efficiently. We know very well the product solutions required to save lives as many of our employees work in emergency medical services. They have the expertise needed to design equipment that leaves the user free to concentrate completely on the patient even when things get hectic.
The Speakers' Preparation Room is located in Room Ankara. The lecture hall is equipped with a PC with PowerPoint. Speakers are kindly requested to hand in their presentation on a USB stick to the technicians in the Speakers' Preparation Room, Room Ankara at least 2 hours before their session starts. For sessions taking place in the early morning, please hand in your presentation on the previous day. If you bring your own laptop, please be sure to visit the technicians before your lecture in order to ensure the right equipment is in place.

Please consult the notice board for changes in the programme/room.

Room ANKARA

OPENING HOURS

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<td>Saturday, 6 October</td>
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Temporal Arteritis with ESR < 50 mmHg/hr: a clinical reminder - M. Cheema, S. Ismael (UK)

Large Spontaneous Haemoperineumorax in haemodynamically stable patient: a rare cause of chest pain - M. Cheema, S. Ismael (UK)

A Sudden Headache - C. Hermand, O. Gardy. JP Devezeux, C. Lejeune, J. Pacanowski, O. Patron (France)

Fahr’s syndrome - BV Boz, R Buyukkaya, M Candar, M Cikman, S Dikis, E Kaya, A Santas (Turkey)

Would you like dessert after the meat? But not the soup! - BV Boz, R Buyukkaya, M Candar, M Cikman, O Ozurt, A Santas (Turkey)


Infected bullous lesion the foot of a young man mimicking cutaneous antherax - Y. Akpaktay, A Attila, O. Coşkun, U. Kaldırmızı, U. Sağvaoğlu (Turkey)

Periorbital emphysema due to sneezing - F. Büyükkılmak, E Cey, A Ceylan, AB Erdem, A Kosim (Turkey)

Visual diagnosis in emergency department: ‘Lichtenberg Figure’ as a result of lighting shock - B. Cander, MA Onal, C. Dikmetas, M. Ergin, N. Hayk, N. Kartalos (Turkey)

A rare presentation of insect bites: centipede stings - MA Onal, H. Bababuçu, M. Ergin, AA Savanoğlu (Turkey)

MTHFR (C677T) Gene Mutation in Etiology - P. Durukan, O. Sait, A. Yilmaz, C. Kavaklı, A. Guneş (Turkey)

Dyslipidemia and sternal fracture - C. Can, C. Girgin, U. Gultac, K. Girgin (Turkey)

Behavioral disorder symptoms of brain metastasis alarm - E. Renilla, N. Simarro, C. Marin, M. Rosado, O. Salmeron, G. Santos (Spain)

A case of pneumopericardium after a penetrating chest injury with ecg findings - A. Kocal, B. Balla, Y. Aksel, I. Korcaç (Turkey)

A Relapse Pneumothorax Case after Bilateral Thoracotomy - S. Aydin, H. Demir, O. Ocal, O. Ece, T. Bayir, M. Balta, Y. Kocael, M. Balta, Y. Kocael (Turkey)

Suicide attempt with barbexaclone overdose - S. Battal, S. Battal, O. Tutar, P. Kocael, O. Simsek, Y. Kocael (Turkey)

An Unusual Cause of Bite: Crush Injury - E. Kascar (Turkey)

A Case Report: an unusual embolic source - S. Ozkan, K. Tarhan, D. Sezdi, E. Tatvas (Turkey)

A Rare Case Presentatation in Emergency Department: Saving Another Life - O. Tutar, P. Kocatepe, M. Yucel, O. Salmeron, G. Santos (Spain)

A case of pneumopericardium after a penetrating chest injury with ecg findings - A. Kocal, B. Balla, Y. Aksel, I. Korcaç (Turkey)


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DISEASE & INJURY PREVENTION

P427 (#969) Acute rhadomyolysis in a Moroccan medi- cal ICU: Inventory and evolution - H Ezouine, A Benlama, B Chana, S Motouaakkak (Morocco)

P428 (#1159) Accidental needle sticks of health workers in emergency department IN Katholis-valencia, Spain - A Beltran Sánchez, J J. Millan Soria, JC Montalva Bara, Oliver Martinez, FH Sal- vador Sánchez, CJ Teije-Testal, A Torregosa Sanchez (Spain)


P430 (#1156) Early readmission to the emergency depart- ment: caution! these patients may die... - AC. Hocagil, F. Bil- dik, I. Kicilaslan, H. Hocagil, H. Karabulut, A. Keles, A. Demircan (Turkey)

EDUCATION AND TRAINING

P435 (#173) Overcoming the myths that prevent good mentoring relationships and career development - M Haughey, L Moreno-Walton (USA)

P436 (#1176) The current state of wellness of emergency medicine residents in the US - G Buller, JF Engle, L Moreno- Walton, A Nakamoto (USA)

P437 (#180) An interactive, learner driven, faculty guided curriculum to teach professionalism to residents - JA Slick, A Pizza, L Moreno-Walton (USA)

P438 (#181) A site-wide survey investigating patient sat- isfaction of care provided by emergency medicine (EM) resi- dents before and after didactic training in professionalism - A Pizza, JA Slick, L Moreno-Walton (USA)

P439 (#1183) The history of disparity in medical education: why the end of racism may not mark the end of injustice - SH Budlender, CA Etkineweke, SL Haron, L Moreno-Walton (USA)


P441 (#252) Do Male Emergency Physicians Focus on Other - Part 2 section

P442 (#271) Ultrasonography courses of EPAT - AS Girs- gin, M Ergin, B Cander, F Koyuncu (Turkey)

P443 (#334) The formation of triage nurse in emergency medicine: the experience of the triage training group of Pi- nero - M. Cinta, E Maria, MC Stacioucchi, A. Dmitra, E. Laub- rita, A. Cosola, P. Esposto, V. Volo, C. Massoao, GA Cibinel (Italy)

P444 (#386) Evaluation of the impact of computer-assisted teaching system for postgraduate year-1 residency training on clinical efficiency in the emergency de- partment: the experience of the triage training group of Pi- nero - M. Cinta, E Maria, MC Stacioucchi, A. Dmitra, E. Laub- rita, A. Cosola, P. Esposto, V. Volo, C. Massoao, GA Cibinel (Italy)

P445 (#405) Survey on clinical reasoning in emergency medicine from the perspective of medical students - S Lanbi, C Durand, M Boudia, A Bakkoub, P Plaisance (France)

P446 (#407) An emergency medicine and otolaryngology collaboration to teach advanced airway management skills to EM residents - V Zuzukin, MJ Haydel, L Moreno-Walton (USA)
Articulating an advocacy education model to create a patient-centered environment in the emergency department - C. Peterson (USA)

Temperature measurement techniques used in emergency rooms and their efficiency - U. Savagyi, YK Akpak, U Kalidinm, A Karakay (Turkey)

The accuracy and sufficiency of approaches to infectious diseases used by physicians other than the emergency physician in emergency department - U. Savagyi, YK Akpak, H Yildiz, U Kalidinm, O Coşkun (Turkey)

International Pediatric Emergency Medicine: Curriculum for a New Fellowship - ML Neslicerenko, J Nagler, SR Kayden (USA)

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The development of an innovative web-based training course for future humanitarian aid workers - PL Ingrassa, M. Foletti, L. Ragazzoni, E. Vigognaoni, A. Ripoli, L. Colacino, C. Delia Corte (Italy)

The use of gelatine models in ultrasound guided intravenous cannulation - NP Oveland, SG Lunde, L. Knudsen, E. Slot, L. Clemmesen (Denmark, Norway)

A porcine pulmonary model for teaching ultrasonic diagnostics - NP Oveland, E. Slot, G. Andersen, HM Lossius (Denmark, Norway)

Ultrasonic detection of pneumonia: An animal laboratory training improves diagnostic proficiency and speed - NP Oveland, HM Lossius, R. Aargaard, J. Connolly, E. Slot, L. Knudsen (UK)

A new chance for saving lifes -teaching BLS for medical students - T anrıkulu, E. Acar, A. Bayramoğlu (Turkey)

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- T Inal, E Armagan, A Kose, F Ozdemir, A Durak, S Akkose, AB Taskanöz, G Görmeli (Turkey)

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P516 [#442] Pulmonary Embolism in Pregnancy - HM Durgun, M Ergin, E Ozcelik, A Ozhan (Turkey)


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P519 [#401] Comparison of Ecopic Pregnancy Treatment Modalities in a Tertiary Center: Five-Year Experience - M Al-

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P520 [#623] Life-threatening complications of clandes-
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P521 [#1103] Influence of Maternal Fetal Morbidity and Mortality in Hypertensive Pregnancies - S Karatas, Z Karatas, T Sener, HM Tanır (Turkey)

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P626 [#564] Taking out the ring stuck on the finger by a motor with high rpm - MF Ceylan, S Gürer, R Dursun, H Tegdöniz, G Görtür (Turkey)

P627 [#253] Thromboprophylaxis for ambulatory patients with lower leg injuries. - M Hageman (The Netherlands)

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P630 [#690] Cough–Sneeze Induced Clavicle Fracture in Osteopotic Patient. - H. Hocagç, ÖF Aydin, G. Gönçel (Turkey)

P631 [#903] A case with dashboard femoral fracture - N. Erdem, M. Ergin, H. Guen, B. Kasrahanoglu (Turkey)

P632 [#1059] Bilateral Anterior Shoulder Dislocation Due to Seizure - B. Gökhan, M. Güm, C. Yayıkbay (Turkey)

P633 [#1098] An Unusual Cause Of Post Operative Prolonged Bleeding After Total Knee Arthroplasty: Multiple Myeloma; A Case Report - S Inal, F Tasinár, AO Uzcugul (Turkey)

P634 [#1102] Arthroplasty Application Of A Patient Who Developed Pseudoarthrosis After The First Stabilization Of Comminuted Intrarticular Elbow Fracture; A Case Report - S Inal, M Erzan (Turkey)

P635 [#1240] Polymedication relationship and other factors of osteoporotic fractures in regional Hospital Lluis Alcanyà-Xà-

tià (Spain) - R. Alvarez, E. Ferrer Brandley, A. Lombardi, J. Macor-

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OTHER - PART 2

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P462 [#260] Sandro Pertini Hospital of Rome - model -

- A. Simone, V. Veleriano (Italy)

P463 [#272] Clinical and demographic characteristics of over 65 years patients admitted emergency department. - A. Ozhansek, H. Durgun, C. Gişirgin, M. Ink, T. Us-

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P464 [#205] Extensive EDEMA of the left arm from a Snake bite case - S Karaman, O. Olcice, H. Saín, A Bayramoğlu (Turkey)
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ABOUT EUSEM

The European Society for Emergency Medicine (EuSEM) is a non-profit making scientific organisation whose aim is to promote and foster the concept, philosophy and the art of emergency medicine throughout Europe. The ultimate objective of the Society is to help and support European nations to achieve the specialty of emergency medicine.

Born as a society of individuals in 1994 from a multidisciplinary group of experts in emergency medicine, since 2005 EuSEM also incorporates a Federation which currently includes 28 European national societies of emergency medicine.

**Our mission is to:** Advance research, education, practice and standards of the specialty of emergency medicine throughout Europe.

**Our goals are:**

> to foster and encourage education, training and research in Emergency Medicine in Europe

> to promote and facilitate the dissemination of information on Emergency Medicine, through meetings, courses, research and publications

> to encourage the development of uniform information systems and data banks in Emergency Medicine in Europe

> to encourage the formation and the cooperation between national associations for Emergency Medicine

> to promote international collaboration in the field of Emergency Medicine

**HISTORY AND STATUTES**

The European Society for Emergency Medicine was inaugurated in May 1994 during an international emergency medicine conference in London by a multidisciplinary group of experts in emergency medicine which became known as the Club of Leuven.

**WHAT IS EM?**

Emergency Medicine is a specialty based on the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It is a specialty in which time is critical.

The practice of Emergency Medicine encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases until discharge or transfer to the care of another physician or health care professional. It also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.

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ABOUT EPAT

The Emergency Medicine Physicians Association of Turkey (EPAT) was founded in 1999 as part of a dynamic process in the field of emergency medicine. Our association is an association of a specialty. It was established with the objective of contributing to the development of emergency medicine, of helping to increase and improve qualified emergency departments, of protecting employee rights of emergency physicians and improving working conditions both physically and morally. Since its creation twelve years ago, EPAT has overcome many difficulties and obstacles; today it has reached a position of expertise and authority. Voices who said “Why does emergency medicine exist?” in the past, now say “Emergency medicine is necessary” - this transformation is the result EPAT’s vision and efforts.

To date, our society has organised seven national congresses, 13 symposia and numerous courses and scientific activities, all of which have helped to add knowledge to this energetic community. Our society is proud to be co-organising EuSEM 2012 together with European Society for Emergency Medicine (EuSEM).
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