

13.



Octombrie 2009

CONEXIUNI

**SOCIETATEA ROMÂNĂ DE CARDIOLOGIE
GRUPUL DE LUCRU "CARDIOLOGIE DE URGENTA"**

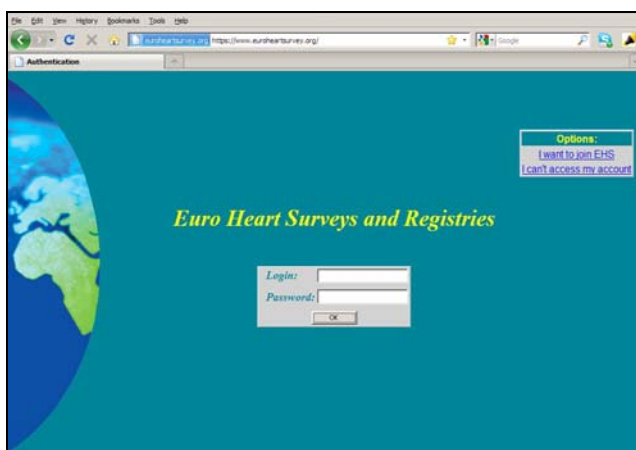
Au inceput inscrierile pentru



Acute Coronary Syndromes Survey/registry

A snap shot Survey is scheduled from 7 to 13 December 2009

<https://www.euroheartsurvey.org/>

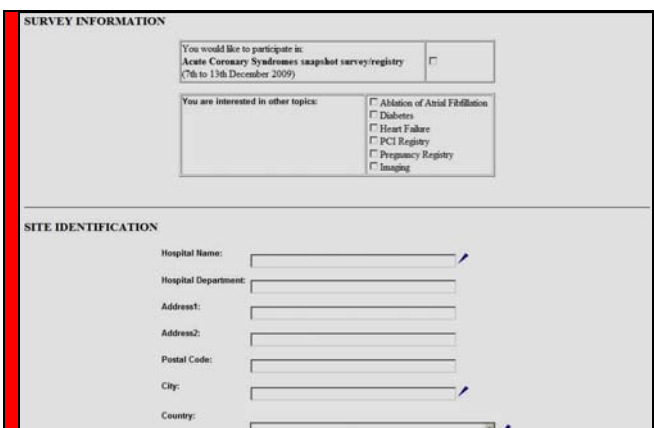


Inscrierea ? Nimic mai simplu !

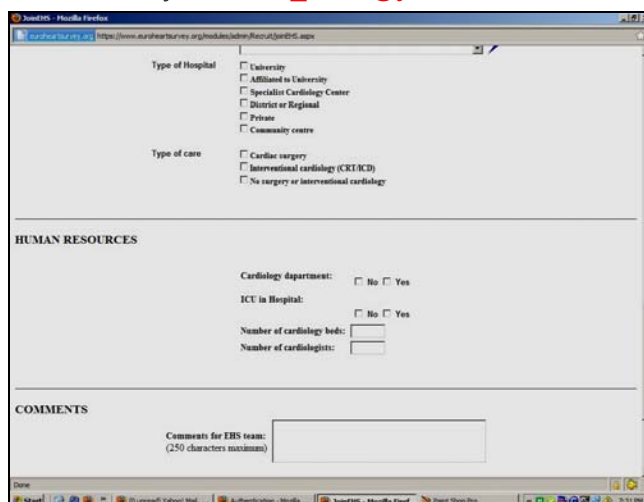
- Options
- I want to join EHS

După completarea formularului o să fiți contactați prin e-mail de către centrul coordonator EHS.

Vă rugăm să informați despre înscriere și coordonarea națională! ro_stemi@yahoo.com



Nu uitati sa bifați rubrica: I like to participate in Acute Coronary Syndromes snapshot... !





Ecouri

CONGRESUL NATIONAL DE CARDIOLOGIE

19-22 septembrie 2009, Sinaia

Retele in tratamentul Infarctului miocardic acut

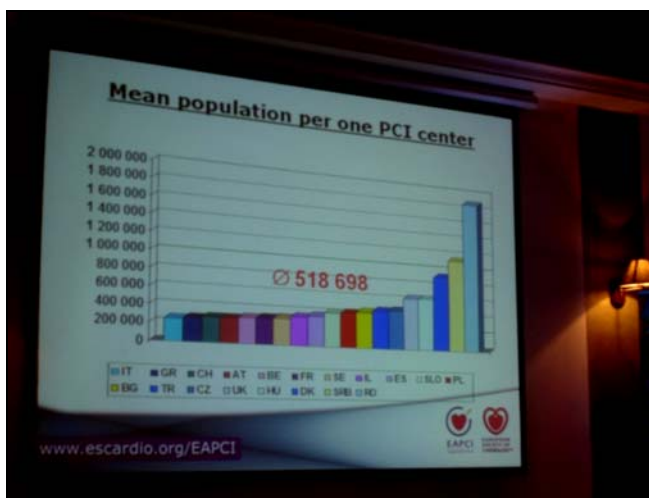
19 septembrie 2009



Ungaria 2009 (dr. B.Merkely)



Bulgaria 2009 (dr. S. Djambazov)



Comparație între situația țărilor europene în ceea ce privește numărul de locuitori per centru PCI: situația actuală din România – ultima coloană din dreapta (bleu)!



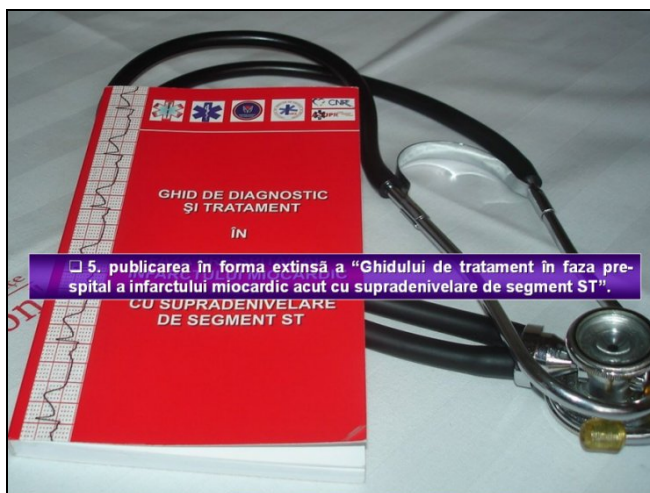
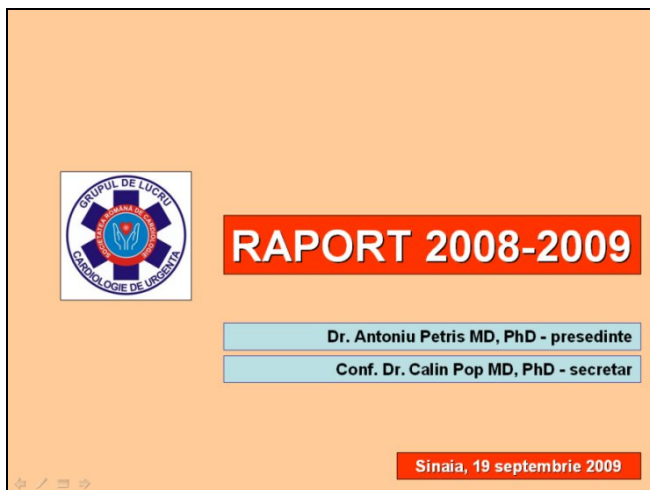
Necesarul minim de centre PCI în România – când? (dr. Gabriel Tatu-Chițoiu)



🍏 Colectia conexiuni 2009 precum si
🍏 Raportul conducerii Grupului de
Lucru Cardiologie de Urgenta 2009
sunt disponibile pe Cardiportal/Grupuri de
lucru/Cardiologie de urgenta/ Rapoarte si
documente

Din Raportul Grupului de Lucru Cardiologie de Urgenta

Sinaia 2009 ([http://www.cardioportal.ro/files/Raport_GL_Cardiologie_de_Urgenta_2009\(1\).pdf](http://www.cardioportal.ro/files/Raport_GL_Cardiologie_de_Urgenta_2009(1).pdf))



IMPORTANT !

SOCIETATEA ROMÂNĂ DE CARDIOLOGIE

Condiții de înscriere:

Taxa înscriere: 50 RON.

Cotizația anuală:

175 RON membru activ (specialitate cardiologie) / membru asociat (altă specialitate).

Medic rezident: 75 RON.

Contul bancar al Societatii Române de Cardiologie unde se poate achita taxa de înscriere, precum și cotizația anuală este

RO42 BTRL 0410 1205 M664 76XX

Deschis la Banca Transilvania, Agenția Divizia Pentru Medici – Cotroceni Cod de Identificare Fiscală: 5679116



PARTICIPAREA LA MANIFESTARI STIINTIFICE EUROPENE septembrie-octombrie 2009

The Fifth Mediterranean Emergency Medicine Congress (MEMC V)
14-17 September 2009
Valencia, SPAIN

Joint! If you would like to receive emails regarding MEMC-Valencia updates, [click here](#) to join our mailing list.

Precios reducidos para los miembros semest! Traducción simultánea en tres salas!
Por favor, desplácese hacia abajo para obtener información adicional en español.

The European Society for Emergency Medicine (EuSEM) and The American Academy of Emergency Medicine (AAEM) have the pleasure to announce
The Fifth Mediterranean Emergency Medicine Congress (MEMC V)
Palacio de Congresos
Valencia, Spain
14 - 17 September 2009

La Sociedad Europea de Medicina de Emergencia (EuSEM) y La Academia Americana de Medicina de Emergencia (AAEM) tienen el placer de anunciar
El Quinto Congreso Mediterráneo de Medicina de Emergencia (MEMC V)
Valencia, España 14 - 17 de Septiembre de 2009

Se ofrece traducción simultánea en el Congreso!
Traducción simultánea de inglés al español se ofrece en las tres principales salas de reunión del Congreso.
Español en la exhibición de carteles para todo el Congreso!
El idioma español carteles serán expuestos durante la duración del Congreso. Por favor, asegúrese de visitar la sala español cartel para ver los resúmenes!

Romanian Guidelines for the Treatment of the Pre-hospital Phase of the ST-Elevation Acute Myocardial Infarction

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4. Romanian Society of Cardiology, Bucharest, Romania
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6. Association of Emergency Medicine and Disaster, Bucharest, Romania

Introduction

It is a statistically proven concept that the card game of the STEMI patients frequently plays in the pre-hospital setting. These are the failure causes in this situation: a great incidence of major artery thrombosis in the first 4 hours after STEMI onset, misinterpretation of the different patterns of haemodynamic instability, with delay of pre-hospital intervention and late coronary reperfusion.

Objectives

We purpose to present our scientific efforts to have new guidelines for the pre-hospital phase of STEMI and to assess its implementation phase by educational tools.

Material and method

Scientific societies and association from Cardiology and Emergency medicine fields started the work for the guidelines in 2007. We describe the phase of our work, the contents of guidelines and the first results.

Results

High percent of mortality in STEMI appears before reaching the hospital and involve a prompt intervention. Guidelines and their implementation in daily practice can improve the survival rate of the patients with STEMI.

Notfall + Rettungsmedizin

German Interdisciplinary Journal of Emergency Medicine
Organ der Deutschen Interdisziplinären Vereinigung für Intensiv- und Notfallmedizin (DIVI) | Organ des German Resuscitation Council (GRC) | Organ des Austrian Resuscitation Council (ARC)

Resuscitation 2009

International Scientific Symposium of the ERC together with the GRC
Cologne, October 2-3, 2009

Indexed in Science Citation Index Expanded

RESUSCITATION 2009

COLOGNE - GERMANY
OCTOBER 2-3

www.NotfallundRettungsmedizin.de

3) five clinical case-based problems; 3) factual knowledge (3 open questions).

Results: Scores increased equally for both groups and all parts of the test between the PC and both the EC and the FR. The IG outperformed the CG on parts 1 and 3 of the FR (mean scores 21 vs. 6.2 and 20 vs. 2.8 respectively, p<0.05; Cohen's d: 1.0, and 1.9), but there was no difference on part 2 (Cohen's d: 0.2).

Conclusions: There was no difference between the two groups in learning during the course. Unannounced spaced testing using clinical problems seemed to have a positive effect on retention of factual knowledge, but not of clinical problem-solving ability after the course. Spaced testing, which may also be achieved using emergency teams (including an in-lab intervention and life support courses), e-mail, offers a method of improving retention after life-support courses.

References

1. Borden KA (1993) How frequently should basic cardiopulmonary resuscitation training be repeated to maintain adequate skill. *British Medical Journal* 306:1875-1877
2. Aik J, Cohen R, Adam R, Gural T, Peres A, B. Bedpage H, West L, Wines J (1996) Attention to cognitive and trauma management skills after the Advanced Trauma Life Support (ATLS) course. *Journal of Trauma* 40:860-866
3. Resinger H, Karasz D (2006) Test enhanced learning: taking memory tests improves long-term retention. *Psychol Sci* 17:249-255
4. Green AJ (1988) The "testing phenomenon": Not gone but nearly forgotten. *Journal of Educational Psychology* 81:392-399

AP44

Cardio-pulmonary resuscitation - main topic in the Romanian 2008 "Guidelines of the pre-hospital diagnosis and treatment of ST-elevation myocardial infarction"

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Introduction: The highest mortality in ST-elevation myocardial infarction (STEMI) is seen in the pre-hospital 2. In Romania, 6% of the global mortality is due to the cardiovascular diseases; STEMI is the main cause of cardiovascular death in Romania.

Objectives: to write and implement a specific national guideline dedicated to the pre-hospital management of STEMI.

Material and Methods: Six scientific societies and associations of cardiology and emergency medicine wrote in 2008 a pre-hospital STEMI guideline on the basis of the Guidelines published by the European and American Societies of Cardiology and on the Universal Guidelines on cardiopulmonary resuscitation. These data were adapted according to our experience and joined with the Romanian data and iconography. Four implementation Guidelines courses were organized by the Romanian Society of Cardiology.

Results: The Romanian Guidelines for the pre-hospital STEMI management was published in September 2008 in the Romanian Journal of Cardiology and as a pocket size version in February 2009. These Guidelines covered 3 main issues: 1. the pre-hospital STEMI diagnosis; 2 the STEMI management at the place of its onset (with in-lab presentation of the basic life support and automated external defibrillator algorithms); 3. the EMS dispatcher protocol; 4. monitoring, risk assessment and STEMI management by the pre-hospital emergency teams (including an in-lab presentation of the advanced life support algorithm); 5. coronary reperfusion orientated mainly on pre-hospital thrombolysis. Between February and May 2009 more than 1000 of emergency physicians, cardiologists and general practitioners participated and received free of charge the pocket-size version at the implementation courses and at two other scientific meetings.

Conclusions: 1. A high adherence of the physicians involved in the pre-hospital emergency care of the pre-hospital STEMI Guidelines was noticed. 2. The implementation of the pre-hospital STEMI Guidelines can improve the survival rate of the patients with STEMI.

References

1. Tatu-Chitoiu G, Dorobantu M, Petris A, Deleanu D, Arafat R, Ciarnaru O, Cimposu D et al. 2008) Guidelines of the pre-hospital diagnosis and treatment of ST elevation myocardial infarction. *Romanian Journal of Cardiology* 10(2008) no 2:175-207
2. European Resuscitation Council Guidelines for Resuscitation 2005. *Resuscitation* (Suppl) 55:1-190
3. Van de Werf FJ (2008) ESC Guidelines management of STEMI. *Webcast presentation, Congress of the European Society of Cardiology, September 2008, section "Acute Coronary Syndromes with ST-elevation"*, www.escard.org
4. Aronson EA, Ando ST, Armstrong P et al. ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction. ACC. www.acc.org; AHA. www.ama-assn.org/earnet.org

AP45

Medical students teaching basic life support (BLS) to school children

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Purpose of the study: The willingness to provide basic life support in Germany is poor. One reason might be, that BLS courses are only compulsory to obtain the drivers' license. At this age young people are usually uninterested in taking a BLS course. Children however are more enthusiastic about learning new practical things. Like Breckwoldt et al. (1) we designed a project teaching school children by medical students.

Methods: 24 medical students in their 5th year, some of them experienced in teaching BLS volunteered to prepare teaching materials based on the ERC guidelines and to teach the BLS courses for about 60 pupils in the 7th and 8th year. Unlike Breckwoldt we selected the lower levels of the German tripartite secondary school system, the "Hauptschule" (HS, a replacing biology lessons) and the "Realschule" (RS, 8h, free time project).

Results: Overall acceptance of the course (RS 1.8%; HS 1.33) and teaching skills of the medical students were rated good (RS 1.55; HS 2.0 p<0.05). Pupils did not feel constrained by the facts and skills. They circulated the information to 2.4 persons (RS) or 2.0 (HS) respectively. Nearly all relatives were told about the course, about 50% of the relatives were also taught some of the exercises. 100% of the relatives judged the knowledge and skills important for themselves, most of them had already attended a course (RS 94%, HS 78%).

Conclusions: Teaching school children of basic or intermediate level secondary schools may improve BLS skills in Germany. Pupils were more enthusiastic about the exercises than people who have to attend the course in for their drivers' license. By teaching BLS to children, knowledge and skills are spread to relatives. Differences in acceptance might be attributed to the different social and educational levels as well as to lessons or voluntary courses.

References

1. Breckwoldt J et al (2006) Medical students teaching basic life support to school children as a required element of medical education: A randomized controlled study comparing three different approaches to 8th year medical training in emergency medicine. *Resuscitation*

AP46

Training teenagers to perform the right chest-compression rate with a song, a manikin controlled trial

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Purpose of the study: To objectively assess the immediate learning and short-term retention effect on chest compression rate of a song guided CPR training in schoolchildren.

Material and Methods: After a brief instruction in basic CPR, 59 school-children (14 years old) were randomized to receive a one-hour chest compression training session using a conventional method (C group) or a song-guided method that consisted in performing chest compressions