PSEM
Pakistan Society of Emergency Medicine

An official "Quaterly Publication" of PSEM

# PSEM NEWS

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*Pakistan Society of Emergency Medicine is a permenant Member of "**International Federation of Emergency Medicine**"*

## PRESIDENT`S MESSAGE

I am honoured to announce the first issue of Pakistan Society of Emergency Medicine (PSEM) news letter. In the journey of Emergency Medicine in Pakistan, our EM journal (SAJEM) was started four years ago and the newsletter was the next logical collaborative step.

In this newsletter, our emergency medicine trainees and supervisors can share their exciting work, including any activity that is happening in our EDs across Pakistan. This will include but not be limited to case reports, EM updates, interesting images and any other clinical information which can benefit our Emergency Medicine community and will have a good impact on patient care.

Another aim of this news letter is to collaborate with each other across Pakistan and internationally, by sharing our EM life events, as well as introducing our respective departments and paying tributes to the mentors.

Pakistan Society of Emergency Medicine is committed to improve the level of emergency care in Pakistan, and working with our supervisors and trainees in Pakistan, along with our international faculty, it is also looking forward to achieving our goals through all means available.

I would encourage our members, including physicians, nurses and paramedics to be a part of this newsletter, whether it is as readers or collaborators and contributors.

Together, we can learn and achieve more to improve patient care in our Emergency Departments.

I thank our dynamic team who worked hard under the supervision of Dr Abdus Salam Khan (Founder President of PSEM) for this initiative of the EM news letter in Pakistan.

**Regards**

**Dr. Khawaja Junaid Mustafa**

**President - PSEM**

## ED JOKES.

YOU KNOW, YOU ARE AN EMERGENCY ROOM, DOCTOR IF:-

NARCAN AND ATIVAN ARE YOUR BEST FRIENDS.

YOU KNOW NUMBERS OF ALL THE LOCAL FAST FOOD DELIVERIES IN TOWN.

YOU HAVE YOUR WEEKENDS PLANNED A YEAR IN ADVANCE.

YOU BELIEVE HAVING A GOOD TIME MEANS CARDIAC ARREST PATIENT ARRIVING RIGHT BEFORE SHIFT ENDS.

YOU CAN CHANGE THE LIGHTBULB IN ONE MINUTE BUT IT HAS TO WAIT TWO HOURS IN THE WAITING ROOM.

# EDITOR`S CAUSERIE

With extreme pleasure and gratitude we are launching the first issue of PSEM newsletter. It represents the unwavering resolve of the national faculty of emergency medicine to provide the launching platform for the budding EM community of Pakistan to cummunciate with eachother.

The closeknit EM community that started its journey a decade ago have now grown to represent people all across Pakistan in more than 15 institutions and involve more than 1000 doctors and nurses. This newsletter will provide the EM community of Pakistan with the platform to be connected and share commonly beneficial information. It will also help right information to be disseminated to all and elevate the whole EM community. We live in the information age, yet the information overload is also a real issues for us all. We make sure that we share authentic information, in best possible way so our patients get the best experience in the Emergency Departments across the globe and especially in Pakistan.

It is all inclusive newsletter and would only become great if each one of us have their input in it. We would like it to be entertaining and at the same time educating, informative and up-to-date. All sort of write ups are welcome as well as any style of writing. The emphasis is on expressing yourself as emergency physicians or nurse in a humane way without fear of rejection. Every three months we will collectively entertain and educate each other through this newsletter.

**By:** ***Dr. Abdus Salam Khan***

## PSEM PAYS TRIBUTE TO "DR. SEEMIN JAMALI"

When we thought about inspiration for the people working in the Emergency Departments across Pakistan, one name stood out as a symbol of struggle against all odds, persistence, endurance and dedication, that is Dr. Seemin Jamali.

Dr. Seemin Jamali is rightfully known for her dedication and passion for her work in the Emergency Department of JPMC. Being born in an educated and enlightened family, Dr. Seemin Jamali pursued her passion for the service of humanity and opted to join the medical profession. After graduating from Medical School she volunteered to join the Emergency Department of JPMC in 1988. She got her degree in Public Health from Thailand and then pursued a post-Doctoral Fellowship in Public Health Policy and Injury Prevention from Johns Hopkins School of Public Health, Baltimore, USA. She also got certification in humanitarian crisis and disaster management from National University of Singapore.

JPMC is known for its challenging circumstances, and also for Dr. Jamali's contribution in establishing the department despite facing threats and for even being shot at while working in the ED. Her work at the Emergency Department earned her the name of "The Iron Lady" and also helped JPMC provide the much needed care to a city that was at the mercy of disasters and chaos. She served the people of the city for nearly three decades and was the pioneer female ED physician and a role model for all doctors especially female doctors working in the Emergency Departments across Pakistan.

Her excellent management made JPMC better in a lot of respects including starting of the Emergency Medicine residency program at JPMC. During the COVID pandemic she also helped the patients by building two COVID units alongside the vaccination Centre for COVID. This earned her a letter of appreciation from the President of Pakistan. She is a recipient of Gold Medal conferred by FPCCI in 2015, and Women's Achievement Award consecutively from the year 2014 to 2020 from various organizations, presented by the Governor of Sindh. In recognition of her outstanding services in public sector she has also been awarded "Tamghae-e-Imtiaz" by the Govt. of Pakistan in 2018. In 2022 she was made the Honorary Lieutenant Colonel by the Pakistan Army.

Her life is replete with lessons of hope, endurance, selfless and untiring struggle to provide compassionate care in the Emergency Department. Work of Dr. Seemin Jamali provides hope for the female physicians and nurses, that working in the Emergency Department can be a dream for anyone who strives to help the humanity and wants to make a difference.

# PSEM NEWS FEED

Keeping you Informed

PSEM NEWS BOARD

## LATEST NEWS

- PSEM Conducts webinar with Wondfo International, on POCT Application in Emergency Room
- SPARTAN by Agha Khan University & Hospital Karachi
- Rescue 1122 - Response to Medical Emergency
- First Aid Training Program by PSEM & International Research Developmemt
- Former President RCEM visits Pakistan
- 3 days Emergency Medicine Leadership course by INDUS Hospital & Health Network

## "CHALO" PROGRAMME BY PSEM (7th to 10th Sep -2022)

Pakistan Society of Emergeny Medicine has initiated the cHALO Progamme for the Development of the Collaborative Hubs of Academic Learning Oraganizations Programme in Emergency Care. Dr. Taj Hassan led this programme in support of Dr. Abdus Salam Khan and Dr. Khawaja Junaid Mustafa. The PSEM team visited one of the lead EM Training instituotins of Pakistan from 7th to 10th September 2022 in The Indus Hospital, Karachi, Lady Reading Hospital, Peshawar, Combine Military Hospital Rawalpindi and The Central Park Hospital, Lahore. The Head of emergency department of these instituitions Dr. Ghazanfar Saleem, Dr. Hamid Shahzad, Dr. Brig Nadeem and Dr. Qasim Sahi respectively, hosted the team and extended all support to PSEM. cHALO programme is an ongoing initiatve and we will update you all the time.

## PSEM CONDUCTS "WEBINAR" WITH *WONDFO* INTERNATIONAL


### "POCT Application" in Emergency Room

PSEM conducted webinar in colloboration with Wondfo International on POCT Application in Emergency Room. On behalf of PSEM, Dr.Kh. Junaid Mustafa, President PSEM, Dr. Abdus Salam Khan, Former President & Executive Member and Dr. Hamid Shahzad, Vice President PSEM spoke on the topics "Why we use point of Care for our Cardiac Patients", "Chest Pain Patients management in Pakistan" and "POCT current stituation in Pakistani Emergemcy Room", respectively. Whereas Dr. Xin Li, Dr. Bei Hu spoke on the topics POCT Application in Emergency Room in China and Cardiac markers application in chest pain patients and brief intro about chest pain center in China respectively. Ms. Phoebe Yong was the moderator on of the event.

## INDUS CONDUCTS 3 DAYS COURSE

The Emergency Department at **Indus Hospital & Health Network** (IHHN), conducted a three-day course on Emergency Medicine Leadership (EML) from October 26-28, 2022. A first of its kind course in Pakistan focussed on development emergency medicine leaders. 3 days of highly interactive sessions along with hands-on exercises that were well attended by current and future EM leaders from different parts of the country and facilitated by national and international experts from across the globe.

# RESPONSE TO MEDICAL EMERGENCY

***(A LADY WITH THE LABOR PAINS)***

In one of the cold evenings of December-2022, in a metropolitan city of Rawalpindi, an emergency call was received in the Command & Control Room of Punjab Emergency Service (Rescue-1122) that a 28 years old lady is having labor pains. The Command & Control Room immediately mobilized emergency ambulance and directed ambulance staff to prepare to receive a lady with the labor pains and immediately shift her to nearby tertiary healthcare facility.

Mr. Nousher Ali (Emergency Medical Technician) who was sitting in first response vehicle (emergency ambulance) immediately rushed to the place of emergency with well-prepared Delivery Tray equipped with oxygen and sterilized equipment. Upon his arrival at the place of emergency, he found a young lady in deep destress, crying in acute labor pains. The staff approached that lady, introduced & counselled her and carefully shifted her on stretcher in ambulance.

The staff requested ambulance driver to maintain optimum room temperature in rear cabin of ambulance and immediately move to the nearby tertiary healthcare facility i.e. District Headquarters Hospital. The ambulance staff also requested Control Room staff to intimate duty doctors in ED of DHQ to prepare for reception of lady in labor pains with Obstetrician and Paediatrician.

When the ambulance was moving towards hospital, EMT staff realized that the birth is imminent and he has left with no other option, except to facilitate the delivery process. He took permission from her family and prepared to proceed for facilitation of delivery process. When the ambulance covered about 5 kms area, lady delivered her baby that was received by the staff in gloved hands. The EMT staff immediately received baby in dry warm linen/towel and applied two cord clamps while maintaining air passages of baby through suction of meconium. The cry of new born baby gave satisfaction to his mother in distress and smile on her deeply drenched face.

Meanwhile ambulance reached ED of DHQ hospital where both mother and her baby were received and remaining procedures were carried out thus saving two precious human lives in a professional way.

# "SPARTAN" BY AKUH"

## SUPPORTED BY PSEM

On December 28, 2022 the emergency medicine residency program Aga Khan University conducted a residency symposium named "SPARTAN". The program was supported by PSEM. The event attracted 75 plus residents from different emergency medicine residency programs of the city. The content of the symposium was resident centric with emphasis on time management, physical and mental wellbeing, learning strategies during residency and exam preparation tips and tricks. The program was very well received with very good to excellent feedback from the participants. The next Spartan symposium will be on December 15, 2023.

# FIRST AID TRAINING PROGRAM

## BY: PSEM & IRD

Injuries and illness complicated by inappropriate first aid to wounds, burns, snake bite, etc contribute to increased mortality and morbidity in Pakistan.

Pakistan Society of Emergency Medicine (PSEM) and Interactive Research and Development (IRD) have collaborated to develop and provide a comprehensive First Aid Training Program in Pakistan that addresses the common illnesses and injuries that communities face. We aim for non-medical persons to become facilitators and spread this very interactive, in-depth, and practical 2-day program. A team of Emergency Medicine specialists provides the medical direction while master trainers will first train all IRD staff and then take it to communities they are active in. Five trainings have been conducted for approximately 80 employees, and 15 master trainers trained at IRD. The ethos is for the program to be adaptive and responsive to community need. Thus far community workers have found it very relevant and shared stories that will continue to inform the programs evolution.

Writers Corner

# AN EMERGENCY PHYSICIAN'S EXPERIENCE AS AN ATTENDANT...

## *THE VIEW FROM THE "OTHER SIDE"!*

The routine emergency shifts can be taxing by all means, from the adrenaline rush of dealing with procedure-intensive trauma calls to announcing a stroke code, EM physicians are on a high. Moving swiftly from curtain to curtain, ready to unveil the mystery beyond the awaiting triage cubicles. While a brief caution from the triage nurse regarding the next patient's terminal diagnosis of metastatic cancer is followed by a damp in our stride...shoulders drop, eyes dimmed and voice tone maybe a little more casual. As we become rather mechanical in our approach to the encounter, an overall gloom already precedes.

Having had the unfortunate experience of being an attendant to such a patient, I feel it's necessary to share the view from the other side. Care-giving to a moribund parent is no easy task, let alone being a healthcare professional only deepens the pain with the sheer hopelessness that follows the knowledge and awareness of the grave situation.' After a non-abating struggle of long OPD ques, & wait for the complication-laden radiation sessions all coupled with the uncomfortable ambulance journey my patient is already at the height of their agony. When my weary eyes are met with the triage doctor's avoiding gaze...I sense the enormity of the task ahead, from narrating the long history to the ED wait for protocol labs before the necessary consults may begin. Which would finally enable the palliative pleural/ascitic tap to begin in order to provide relief to one of the many ongoing symptoms.' Being countless times the triage doctor myself I can understand the robotic and rather placid manner in which things may proceed but now as an attendant I yearn for empathy, realise the value of good communication and a swift individualised comfort-care plan for a terminally ill patient.

The role of palliative care in the ED cannot be undermined, given the numbers of such patients presenting to the emergency due to an unfortunate lack of support from relevant outpatient services available to them nationwide. Patient-specific comfort care plans should be devised to address the ongoing complaints in an efficient, minimally resource-intensive manner within the ED. Meanwhile the importance of effective communication and re-assuring eye-contact instead of a passive approach is invaluable to provide some respite to the travellers of a despairing journey. As I have learnt, sometimes you can find yourself on the other side & may meet your own reflection beyond the curtain!.

**By:** ***Dr. Novaira Tahir***

# TRAUMA RESPONSE TEAM IN ED:

## *A GLOBAL PERSPECTIVE*

Trauma, mostly caused by road-traffic accidents, followed by suicide, homicide, and warfare is an underestimated global health issue1. According to WHO, 10% (5.4 million) of all annual deaths, and a significant proportion of disability, are injury-related1. Additionally, non-fatal trauma accounts for majority of the Emergency Department (ED) visits and hospitalizations1. The intangible costs and emotional impact of death and disability associated with trauma is innumerable and has a negative socio-economic impact on society.

Death and disability from trauma are multicausal with a temporal distribution. The trimodal pattern describes mortality from injury as immediate, early, and late death2. Immediate fatality can only be reduced by risk mitigation and preventive vigilance. However, subsequent mortality and morbidity can be reduced by improved early decision-making and therapeutic intervention, forecasting complications, and introducing appropriate circumventing measures. Hence, the role of a multidisciplinary trauma response team (TRT) during the golden hour is pivotal to reducing early and late injury-related death and disability.

The primary responsibility of TRT is to resuscitate and stabilise the patient, prioritize management, and identify extent and severity of injury to facilitate appropriate further action and referral. TRT has become an essential component of best practices since the 2000s3,4. Traditionally, the TRT was led by a surgeon, supported by a team of other physicians. With the evolution of trauma performance improvement, and the establishment of emergency medicine (EM) as an independent specialty, the composition of the TRT has changed. The typical TRT now consists of a trained trauma-team-lead (TTL), often an EM physician, and several other specialists with predefined roles and responsibilities (Table 1)5,6. Most trauma centres in the UK, Ireland, Australasia, USA, and Canada. Introducing TRT has resulted in significantly reduced resuscitation time, quicker surgical intervention in emergent cases, reduced rate of missed injury, improved in-hospital trauma function and better survival rates7,8. Thus, TRTs should be incorporated in all EDs universally.

| Table 1: Composition of a typical trauma response team | |
|---|---|
| **Role** | **Specialty** |
| Trauma Team Lead (TTL) | Trained EM Physician / Surgeon |
| Airway | Anaesthetist & Airway Assistant (Nurse / Technician / Respiratory Therapist) |
| Primary Survey | ATLS Trained Resident (EM or Surgery or Ortho or Trauma) |
| Monitoring / Medication | Nurse (1 -2) |
| Specialty Residents | Orthopaedics, General Surgery, Trauma |
| e-FAST | Trained EM physician or Radiologist |
| Other | Radiographer: Portable x-ray; CT |
| | Radiologist: Hot reporting (trauma CT) |
| | OT Liaison: Nursing administrator – to ensure immediate availability of OT if required |
| | Blood Bank: Massive Haemorrhage |
| | Haematologist & Biochemist |
| | Trauma Porter |
| | Vascular, Thoracic, Plastics, Interventional Radiologist (as required) |
| Scribe | Nurse or Nursing Assistant or Junior Resident |


***References:***

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***3.*** *The Royal College of Surgeons of England and the British Orthopaedic Society. Better Care for the Severely Injured. 2000*

***4.*** *Lecky FE, Woodford M, Bouamra O, Yates DW. on behalf of the Trauma Audit and Research Network. Lack of change in trauma care in England and Wales since 1994. Emerg Med J. 2002;19:520–523.*

***5.*** *Georgiou A, Lockey DJ. The performance and assessment of hospital trauma teams. Scand J Trauma Resusc Emerg Med. 2010 Dec 13; 18:66.*

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***8.*** *Vernon DD, Furnival RA, Hansen KW, Diller EM, Bolte RG, Johnson DG, Dean JM. Effect of a pediatric trauma response team on emergency department treatment time and mortality of paediatric trauma victims. Paediatrics. 1999 Jan;103(1):20-4.*


**By: *Dr. Tamkeen Pervez***

# TRIAGING IN A CROWD...

Fortunately, emergency medicine is taking its roots and spreading steadily in Pakistan. Its development is expected to have a broad spectrum from big tertiary care teaching hospitals to moderate sized DHQs or small THQs. About 88 million patients are expected to visit emergency departments in these hospitals. The CDC data of 2019 shows number of ED visits per 100 person as 40.4. POF hospital ED has 31 visits per 100 persons.

Prioritizing these patients is the need of the hour to reduce margin of error and near misses. In Pakistani hospitals triaging is being practiced in a sporadic way. It can be a very well-established system in state of the art centers and a struggling one in many upcoming Emergency medicine departments. The core points agreed upon in the road map of emergency summit of 2019 included having a triaging system at every emergency point in Pakistan.

With 3 years having passed, we must now take stock of the state patient triaging is in different emergency departments in Pakistan.

**Some challenges that are faced in setting up triage systems are**

1. Selection of different triaging systems
2. Lack of number/trained staff
3. Structural limitations for smooth work-flow
4. Resistance to change
5. Triage desk considered a low-level work
6. Absence of culture of waiting

While addressing all six challenges is extremely important, the focus of this article will be to address the first point on the selection of the triaging system given that it is the center point around which triage is built. We will discuss the other challenges in upcoming newsletters.

Traditionally there are two types of triaging systems or tools, 5 or 3 tiered. Resource rich countries and centers mostly use 5 tiered and resource limited countries choose 3 tiered systems. Most of us are familiar with commonly used 5 tiered systems such as the Canadian Triage Assessment Scale, Australian Triage Score, Manchester Triage System, and Emergency Severity

Index (ESI). The common 3-tiered systems include Cape Triage Score (CTS), South African Triage Scale (SATS) and recently validated WHO's Interagency Integrated triage tool (IITT).

We must leverage this newsletter's platform and the opinions of our functional departments in order to help new centers in choosing triage systems as well as perhaps developing a customized triage tool for the Pakistani context.

***It will be a good start if all the functional departments can share the following information:***

1. The system being used
2. Three reasons of choosing this system
3. Person doing triage in your set up-Nurses/doctors
4. Imparting training was easy/ difficult/very difficult?
5. Three challenges in implementation

***In all honesty, I also struggled when answering these questions, myself.***

We started by choosing ESI system because;

1. It was the most recommended one
2. We didn't have much knowledge about other systems
3. We wanted to use the best system

We did triage through Male nursing assistants from army medical core who had done one year nursing course. Additionally, the doctors attending patient reviewed the category.

Imparting training was difficult. Although they had concept of field triage but learning 5 level triage with lot of critical reasoning was not easy.

***The four most critical challenges (there were many others) that we faced included;***

1. Lack of staff
2. Repeated change of trained staff due to postings and other reasons; We had to repeatedly train the newcomers
3. Keeping all three shifts manned
4. Absence of concept of waiting among public

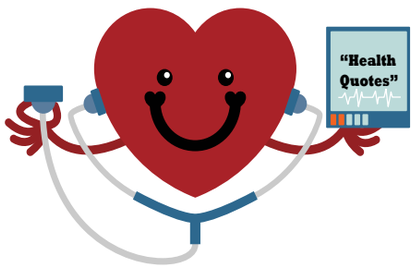
I admit that we were unable to use ESI system in its true form. At times, the nursing staff struggled to categorize P4 and P5 patients properly and lumped them together with P3. Doctors, therefore, had to do quite a few up/down triaging.

We are still trying to setup a proper functional triaging system. We have made some progress with better structure and using doctors on front door. Doctors are comfortable in using ESI but in my experience, it is difficult for nursing staff. We are planning to explore if we can incorporate some form of RAT model however given the lack of senior emergency physicians, our choice would be to use a senior or mid-level resident.

Search and effort for a customized and effective Triage system will continue. Starting the discussion on this forum is part of it. We will be waiting for your responses and experience.

**By: *Dr. Turab Fatima Abidi***

# "HEALTH QUOTES"




"TIME AND HEALTH ARE TWO PRECIOUS ASSETS THAT WE DON'T RECOGNIZE AND APPRECIATE UNTIL THEY HAVE BEEN DEPLETED."- Denis Waitley

"GOOD HEALTH IS NOT SOMETHING WE CAN BUY. HOWEVER, IT CAN BE AN EXTREMELY VALUABLE SAVINGS ACCOUNT."- Anne Wilson Schaef

"HEALTH IS NOT VALUED UNTIL SICKNESS COMES." - Thomas Fuller

# ABOUT PSEM

***Pakistan Society of Emergency Medicine*** has been seen putting its feet firmly in ground in Pakistan. Since 2009 the community which was quite small struggled to bond together through creating an organization called SEPP (society of Emergency Physician Pakistan), which was created in 2009 to address the same concern. Its members were mostly doctors and it was a very close knit group of highly motivated and energetic doctors. Then in 2017 PSEM (Pakistan society of emergency medicine) started to have an even larger impact involving the nurses, paramedics and non-physicians members besides doctors.

In 2018, the Society was officially registered SECP (Security and Exchange Commission of Pakistan). Its first cabinet was elected unopposed. The bylaws and the constitution was created and approved in the same year. The membership driver started, and is progressing nicely.

In the first few years of creation of the PSEM, we held several activities including a conference in 2018 in Islamabad followed by a leadership summit in Islamabad. In this summit a roadmap was collectively created to streamline the journey of emergency medicine in Pakistan.

PSEM became member of IFEM (International Federation of Emergency Medicine) to become part of the worldly body of Emergency Physicians and Nurses.

During the same time, we had started SAJEM (South Asian Journal of Emergency Medicine) which is in its fourth year of publishing now. This newsletter is the logical next step.

We also had collaboration with national and international entities and individuals to create concepts like cHALO (Collaborative Hubs of Learning Organizations), supported different programs including SPARTAN of AKUH, ELS of Australia, First Responder course with IRD, and different guidelines to help our members practice sound Emergency Medicine.

The journey is just begin and we are confident that it will create a long lasting momentum for years to come. We are hopeful that with time our efforts with bare fruits and quality emergency care to everyone will not just remain a dream and will materialize all across Pakistan.

## PSEM Cabinet - 2022

**Dr. Khawaja Junaid Mustafa**
President

**Dr. Hamid Shahzad**
Vice - President

**Dr. Emad ud din Siddiqi**
General Secretary

**Dr. Irfan Habib**
Secretary Finance

**Dr. Sama Mukhtar**
Secretary Media & Publications

**Dr. Shahan Waheed**
Social Secretary