

Pakistan Society of Emergency Medicine is a permanent Member of "International Federation of Emergency Medicine"

"May the soul Rest in highest place of Jan`ah"

Dr. Seemin Jamali (late)

1961 – 2023



PSEM pays TRIBUTE **"TO THE DEPARTING SOUL"**

as an embodiment of unwavering dedication and selfless service. Her tireless efforts, exceptional leadership, and transformative impact elevated her to a national hero.

However, on May 27, 2023, our hearts were filled with immense sorrow as we received the devastating news of Dr. Seemin Jamali's passing. After battling cancer, she succumbed to a recurrence, leaving behind a void that could never be filled.

Born with an innate desire to heal and serve, Dr. Seemin Jamali embarked on a remarkable journey that would shape the trajectory of healthcare in Pakistan. With a brilliant mind and a compassionate heart, she pursued a career in medicine, dedicating herself to the noble cause of alleviating the suffering of others. Little did she know that her extraordinary journey would make her a revered figure in the nation.

Dr. Jamali's ascent to the upper echelons of the healthcare sector was not without its challenges. In a male-dominated industry, she shattered glass ceilings and defied societal norms with her unyielding determination. Her visionary approach and unwavering commitment to patient care set her apart, making her a trailblazer and an inspiration for countless aspiring doctors and healthcare professionals.

As fate would have it, Dr. Jamali's path converged with the renowned Jinnah Postgraduate Medical Centre (JPMC) in Karachi, where she served as the Executive Director. With limited resources and a growing demand for quality healthcare, she fearlessly took charge, transforming the JPMC into a center of excellence. It was here that her true mettle as the "Iron Lady" was tested and showcased.

Under Dr. Jamali's leadership, the JPMC witnessed a remarkable metamorphosis. She spearheaded initiatives to upgrade medical facilities, improve infrastructure, and enhance patient care quality. Her relentless pursuit of excellence led to introducing of cutting-edge technologies and establishing specialized departments, ensuring that the JPMC remained at the forefront of medical innovation.

The nation turned to Dr. Jamali as a beacon of hope in times of crisis. During the COVID-19 pandemic, she fearlessly led her

team in the battle against the deadly virus. With unwavering dedication, she worked tirelessly to set up dedicated COVID-19 treatment centers, mobilize resources, and ensure the availability of life-saving equipment. Her leadership and resilience during this challenging period inspired a nation, instilling confidence and fostering unity in the face of adversity.

Beyond her administrative prowess, Dr. Seemin Jamali remains a compassionate healer at her core. She has touched the lives of countless patients, offering solace, comfort, and expert medical care. In addition to her numerous accomplishments and contributions to the healthcare sector, Dr. Seemin Jamali was recognized for her exceptional service and received the prestigious honor of "Tamgha-e-Imtiaz." This esteemed award, bestowed upon her by the Government of Pakistan, is a testament to her remarkable achievements and dedication to the well-being of the nation. The "Tamgha-e-Imtiaz" serves as a symbol of the deep appreciation and recognition of Dr. Jamali's invaluable contributions, further solidifying her status as a true national hero, and inspiring future generations to follow in her footsteps and continue her legacy of selfless service.

As the "Iron Lady" of Pakistan, Dr. Seemin Jamali will forever be remembered for her exceptional medical contributions. Her legacy is a shining example of dedication, compassion, and leadership. While we mourn her loss, we also celebrate her incredible impact on Pakistan's healthcare system and emergency medicine, which will continue to resonate for years. Her memory will live on, inspiring us to strive for excellence and selflessness in serving others.

By: **Dr. Haris Iftikhar**

EDITOR'S CAUSERIE

This is again that time of the year when we see new budding doctors joining the training program. With hope and enthusiasm these doctors join their department to create a difference in patient's life through improving their skills and knowledge. Seeing new people coming to get training in EM gives us hope that what we struggle for the last decade is bearing fruits now.

There is a growing concern also among the minds of some of us that all those steps and all struggle will result in any benefit for Pakistan in the shorter or longer run. On a daily basis countless citizens face personal disaster in terms of sickness and end up being mis-managed or face harm due to the broken system of emergency. Training of the doctors to become EM doctor is indeed a worthy cause but is it translating that way?

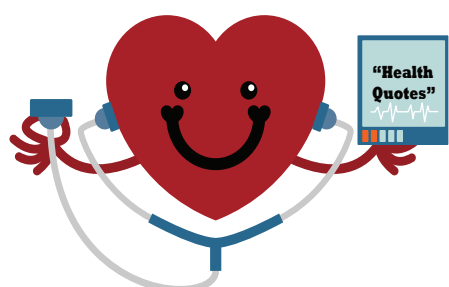
Ask any EM trainee and we will realize that most of them are planning to go abroad and a sizable number of doctors are not planning to return anytime soon. This makes us feel that the programs in Pakistan are not producing EM doctors to solve any national issue but geared for trainees to serve people abroad. The main reason for this is financial disparity, and then our typical scenario of the Emergency Departments across Pakistan. These departments are not easy to work as EM doctors, as there is no coordinated system and no hierarchy. A junior doctor is not expected to survive unless the organization give full support.

Our expectation is that the situation will slowly improve as the number of EM doctors will steadily increase and the local job market will have to accommodate these doctors along with supporting staff like nursing and paramedics. The last exam of FCPS part II had 6 candidates and it seems next exam will have around 10 candidates or more. The fuel needed to start the Emergency Medicine fire is slowly been provided and it seems that it will soon start burning as expected. We are banking on these doctors to find reasonably better jobs and stay in Pakistan, and be part of the change process.



By: **Dr. Abdus Salam Khan**

"HEALTH QUOTES"



"YOUR HEALTH IS AN INVESTMENT, NOT AN EXPENSE." -Anonymous



"ONE WHO HAS HEALTH HAS HOPE, AND ONE WHO HAS HOPE HAS EVERYTHING." - Arabian Proverb



"THE GROUNDWORK FOR ALL HAPPINESS IS GOOD HEALTH." - Leigh Hunt

PSEM NEWS FEED

Keeping you Informed



GROWING PSYCHIATRIC DISORDERS IN DEVELOPING WORLD

(A MAN RESCUED FROM HIGH-TENSION ELECTRIC POLE)

The Emergency Operation Centre received a call from bystander that a 20 years male climbed up a high-tension cable electric pole at one of busy roads in metropolitan city of Rawalpindi on 15th March, 2023. Initially, bystanders tried to get off him from the electric pole, but while doing so, his body came in contact with a high-tension cable and as a result, he hanged with electric pole. At that time Emergency Service was called upon through toll-free helpline 1122 at 08:14 PM to rescue the trapped man with probable psychiatric ailment. The emergency first responder team approached at the incident site with specialized ladder vehicle (65 ft Aerial Platform) and Emergency Cardiac Ambulance. After initial scene size-up, it has been noticed that man was hanging upside down on a 50 feet high electricity pole. Rescue team assessed the situation, looked for surrounding hazards, took all requisite precautionary measures and planned the rescue operation. The team extended its Aerial Platform with Emergency Medical Technician & Fire Rescuer in bucket of vehicle and approached the trapped man with all protective measures and PPEs On. After ensuring all safety measures and not endangering their own lives the man was released by rescue staff within 30 minutes. The man was in semiconscious state with abnormal breathing and heart rate when he was shifted on spine board. The Emergency Medical Technician secured his Intravenous line and shifted to nearby tertiary care government hospital. On the way to the hospital his vitals were continuously being monitored and he was provided first aid for electric shock. At the door step of nearby tertiary care hospital, that man restored his consciousness and was started responding to all commands. In developing countries, like in Pakistan the psychiatric issues are rising markedly due to significant increase in family issues probably due to marked inflation leading decreased purchasing power of the community

Reported by: **Rescue 1122 Team**

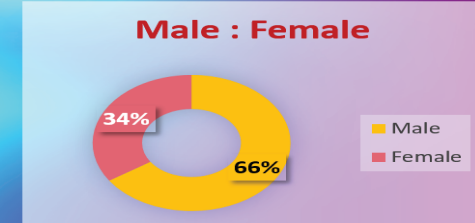
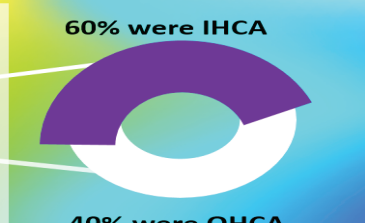
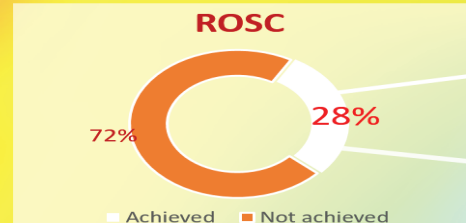
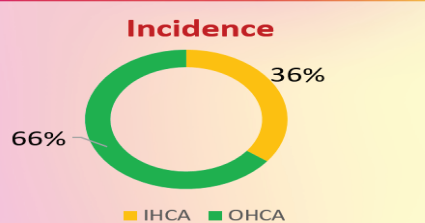
LAUGHTER SIDE

-  PT. 'MY PAIN SCORE IS 100' | DR. SIR, THE SCALE GOES TO 10. IN A 10 STORY BURNING BUILDING, IF YOU SAY YOU ARE ON 100TH FLOOR, NOBODY HAS A CLUE WHERE TO FIND YOU AND HELP YOU'
-  MY SON TODAY ACCIDENTALLY DRANK INVISIBLE INK.
I'M SITTING WITH HIM IN THE EMERGENCY ROOM WAITING TO BE SEEN.
-  WHATS THE DIFFERENCE BETWEEN WORKING HARD AND WORKING HARDER?
ANS: THE EMERGENCY ROOM





BIG OR SMALL *THE CIRCLE WILL END AT THE BEGINNING*



BIG or SMALL, the CIRCLE will end at the beginning....

Life, from the beginning to end resembles a full circle. It's this circle, that moves us all through faith and hope and keeps great and small on the endless round. Nonetheless, It ends in the same way for everyone.

In or Out of hospital cardiac arrest is a medical emergency that demands not only an efficient prehospital EMS but a time sensitive and skilled approach in Emergency Departments. Emergency Department POF Hospital, Wah Cantt, conducted an audit for resuscitations performed in the department for both In and Out of hospital cardiac arrests for a period of 9 months (Jan 2022-Sep 2022).

Objective : The audit was aimed to determine whether survival rates were reasonable and to collect resuscitation data regarding incidence of both in and out of hospital cardiac arrest, initial rhythm, ROSC achievement, survival to admission rate and rate of survival to discharge.

Summary of findings: Total resuscitations done in this period were 54, with age limit of above 12 years (one person, who achieved ROSC, his data gone missing, so we excluded him from audit). 7% of all cases were traumatic in origin while 93% cases were having non traumatic causes. It was observed that 66% of patients were having OHCA with ROSC achieved in 11% of cases while 36% of patient were having IHCA with ROSC achieved in 17% of cases. Male to female ratio was 1.94:1 and mean age was of 58 years with standard deviation of 16.4. Most of patients fell into age group of 42-72 years. Bystander CPR was done in 3% of cases by untrained personals and ROSC was not achieved in any of them. Mean transit time was found to be 20 minutes. Initial cardiac rhythm in 79% of cases was found to be non shockable with 26% achieving ROSC while 11% of cases had shockable rhythm with ROSC percentage of 50%. All the patients who achieved ROSC had survival to admission (i-e; 28% of all resuscitations) and only 17% were given invasive ventilation. Survival to discharge percentage was 11.3% and data regarding neurological outcomes in patients at 1-month and 6-months was not included in this audit. Regarding comorbidities, 32% of patients were Diabetic, 30% were hypertensive and 24% were having Ischemic heart diseases that correlates well with the mean age value.

Discussion: According to different international meta-analyses and studies that reported survival rates in cardiac arrest patients, values of survival to admission rate and survival to discharge rate were like that of, in our audit. Only the initial rhythm on arrival was found to be different from that in developed countries. This depicts very well that with vigilance, skill competence and recruitment of more and more trained staff, we can achieve international standards despite working in under-privileged countries like Pakistan. The audit revealed deficiencies in complete documentation of variables like transit time, previous comorbidities and number of shocks delivered in case of shockable rhythms.

Conclusion: Recommendation of the audit is to design and implement comprehensive cardiac arrest electronic documentation based on Utstein guidelines. A re-audit can be performed in future with a large sample to observe for improvement in documentation and survival outcomes.

By: **Dr. Ayesha Saeed**

IMPLEMENTING AND TRIALLING THE UPDATED WHO, INTERAGENCY INTEGRATED TRIAGE TOOL (IITAT)

Sarah's presentation, provided the framework of what is important in Triage, which includes ensuring the sickest persons are identified and seen first.

During the implementation phase of IITAT in Papua New Guinea, the team ensured all stakeholders were part of the solutions process. Doctors, nurses, administration staff and hospital management were involved, this allowed to trouble shoot and anticipate challenges early.

Due to the simplicity of IITAT junior staff and community health workers can perform triage reliably. IITAT has been design to not require equipment to identify triage category 1 (red) and 2 (yellow) patients who are critically ill or injured patients. They can rapidly be moved to resuscitation areas for life saving management.

The ease of IITAT allows senior clinicians to focus on providing the appropriate treatment in a timely fashion.

If patients don't meet the red and yellow criteria, then a set of vitals are done to determine whether a patient needs to up triaged or can be made green.

All staff, including security and cleaning staff where offered the training in IITAT, and this was enhanced with practical exercises in triaging. Exercises to practice where to send the patient in the department and what to do in case of deterioration. Such practical exercises also helped to iron out issues with flow.

Simultaneously all stakeholders worked on the ED layout and streaming, areas for triage, resuscitation, acute care, fast track, and a respiratory area (well ventilated for TB and other respiratory illnesses).

Simple visual tools with red, yellow, and green tape to guide staff and patients where to go were made, which also ensured patients understood that there is a clear process.

At the end of each day a data entry clerk ensured all the data was entered.

The key learnings include:

- Designing the process from the beginning together with all stakeholders
- Triage isn't just choosing a category
- Collaboration is key
- Simple interventions make a big difference
- Patient flow is challenging

Doctor Hamid Shahzad, outlined their journey at Lady Reading Hospital and lessons learnt. LRH is the largest hospital in KPK with 2200 beds and 180 beds in the Emergency Department. Since 2007, the ED has been the hub of caring for casualties received from 317 bomb blasts.

Prior to commencement of triage, the ED was receiving 5000 patients per day. Patients were attending the ED because all investigations and treatments were offered for free.

Challenges included, how to sift and sort those requiring emergency care, with the volume of patients presenting. Further, the social perceptions, and expectations of patients and family members to be seen immediately needed to be handled. Staff too unfamiliar with the potential of triage were initially skeptical.

The situation was chaotic, who needs to be seen and where was a mystery to all.

LRH ED team decided to adopt the Canadian Triage tool and improvised it to include major trauma and mass casualty tool due to the high demand in Peshawar.

Trainings and dry runs were conducted with all involved in the Emergency Department to iron out issues.

Critical early changes made included:

- Separate entrance for ambulances and for private cars
- Assumed all arriving on a trolley is a category 1 patient

Walk in patients went through a 2 tier sifting system, based on a list of emergencies that will be seen determined by the LRH management.

First: Prior to registration, all walk ins had a 10 second triage

- What was the chief complaint? (Did this emergency exist on the list)
- How long had the patient been unwell for?

Second:

- Patients who were determined to be an emergency were registered and triaged again using the Canadian triage scale.
- Each patient had vitals done, a triage stamp applied and registered in the system.

Lessons learned from the LRH experience:

- 70% of the patients presenting to the LRH ED were not emergency cases. Now approximately 2200 patients present each day.
- A large number are green patients
 - o They are directed to filter clinics in a separate, medical, Orthopaedic and surgical area.
- Physical organisation of the department is important with dedicated area for resuscitation and for category 1 and 2 patients
 - o At LRH coloured tiles guided patients and staff to appropriate areas
- Resuscitation bay where dedicated emergency physician addresses all critically ill or injured patients.
 - o Single resuscitation area where 4-5 bays enough with rapid turn over
 - o Consistency of staff essential to develop skill and knowledge in resuscitation
- Adjustments to address psychological mind set of population
 - o Injectable room next to the ED
- Ensure clear process followed by all regarding emergency care, so that favouritism doesn't hijack the system
- Essential to have organizational recognition of the EM as a speciality
 - o Ensures ownership of the Emergency Department
 - o Ensures staff are dedicated to the department, and have a recognised status.
 - o Having staff rotating through the ED doesn't work, and allow to consolidate the expertise required to provide emergency care

Dr Hamid, emphasised that the changes made to structures, process and governance at LRH to provide emergency care have made a difference in improving morbidity and mortality.

The implementation of triage and dedicated emergency care is key in improving care.

In SUMMARY:

Key lessons:

- Designing the process from the beginning together with all stakeholders
- Triage isn't just choosing a category
- Collaboration is key
- Simple interventions make a big difference
- Patient flow is challenging
- Ensure Emergency Department has its own governance and status within the hospital
- Ensure structural design is visual and easy to follow
- Have a unified resuscitation area for all critically ill and injured patients managed by emergency specialist
- For huge volumes use a 2 step triage system to sift out emergencies from walk ins and then a formal triage tool
- Address the cultural and psychological nuances, e.g. demand for injectables
- Educate public and staff about triage and emergency care priorities
- Ensure access to care via filter clinics for medicine, surgery and Orthopaedics conducted till late in the evening to non emergency patients
- Use a triage tool that is rapid and easy to conduct with minimal equipment. Can be implemented by less qualified staff, allowing for nurses and doctors to provide the needed interventions.

By: **Dr. Hamid Shahzad**
Ms Sarah Bornstein

INTRODUCTION TO SHIFA'S ED

Emergency Medicine, there was no concept of a centralized emergency department in any hospital and patients had to roam around everywhere in search of a specialty which could attend and manage them even if they were in a peri-arrest situation. With the advent of Emergency Medicine, emergencies of all other specialties like Medicine, Surgery, Obs/Gynae and Pediatrics have been united into one. This concept has completely revolutionized the field of emergency in the whole world in the last 70 years but is still a new concept in Pakistan although being established for 15 years now.

As time is passing by many hospitals are now trying to adopt this concept but Shifa still holds the pride of being the torch bearer of this field in our country. Shifa International Hospital was the second institute in Pakistan to start the Emergency Medicine Program (Agha Khan University being the first) and then slowly start the training program of CPSP as well. Since then it has emerged as one of the finest and resourceful emergencies of Pakistan. Doctors and nursing staff work as a team in the ED and facilitate the patients according to the Priority system of triage. Every patient coming into the ED is made to follow the footsteps from triage to disposition. Patient is seen by the priority nurse and vitals are checked and a priority is assigned (P1, P2, P3, P4, P5) which determines the level of urgency to be seen by the doctor. This not only saves the department's resources but also saves patient's time if they are higher on the priority. After being seen and assessed by the doctor the patient is sent to critical unit, major unit or minor unit of ED to be further followed and managed by the bedside nurse and unit doctor. We have a resuscitation unit where P1 and P2 patients are taken by the priority nurse and timely evaluation and resuscitation is done which includes all life-saving emergent procedures. We have a central paging system to page the P1 and P2 patients so that all necessary force can be gathered in the relevant unit in time.

Our nurse to patient-bed ratio is 3:1 and doctor to patient-bed ratio is 6:1. We work hard to maintain this ratio in order to provide high quality care to our patients within time. We have a total of 52 beds, 96 nurses, 46 doctors out of which 24 are trainees and 9 are Senior Medical Officers or Team Leaders. Team dynamics is the key to success of any ED. Our team leaders lead the entire team and assign roles to each team member so that things run in a systematic manner. Each member is assigned a station where he/she has to report when the patient arrives. Our doctors and nurses are highly skilled and equipped to manage any emergency that lands in ED. The length of stay of a patient in our ED is 4 hours in which all the team members work hard to make the appropriate disposition of the patient without compromising patient care.

Although we have travelled a long way to reach where we are today but still there's a long way to go as Emergency Medicine is still an emerging field and new developments are being made in it every now and then. We are proud of where we have reached but we are eager to learn and adopt the evercoming new changes that come along the way on our road to success. It is always a pleasant sight to see so many enthusiastic people aspiring to join our department and working hard to get in and make their place. Our department will always welcome with open arms anyone who is willing to devote his/her life to serving the people in dire need of emergency treatment at any time of day or night because as you know we are open 24/7 and you don't need an appointment to visit the ED!.

By: **Dr. Alisha Inayat**

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MEATY EID WITH CARE

Eid ul Azha is a significant Islamic event celebrated by Muslims worldwide. Central to this joyous event is the act of sacrificing an animal as an offering to Allah. However, amidst the festivities and the consumption of meat, it's essential to remain mindful of potential health risks and the need for emergency preparedness. This article explores the connection between Eid ul Azha, meat consumption, and emergency cases, emphasizing the importance of responsible practices and precautions.

Eid ul Azha commemorates Prophet Ibrahim's (A.S) willingness to sacrifice his son, Ismail (A.S), as an act of obedience to Allah's command. As a symbolic representation of Prophet Ibrahim's (A.S) devotion, Muslims around the world sacrifice animals, typically sheep, goats, cows, or camels, and distribute the meat to family, friends, and the less fortunate or needy.

Eid ul Azha is a time when meat consumption significantly increases, as families gather to share and enjoy the sacrificial meat. While meat is a valuable source of protein and essential nutrients, it is crucial to exercise moderation and consider certain health aspects.

Proper handling, storage, and cooking of meat are vital to prevent foodborne illnesses. It is imperative to follow hygiene practices, such as washing hands, storing meat at appropriate temperatures, and thoroughly cooking it to kill harmful bacteria. Any signs of spoilage or contamination should be promptly addressed.

Although meat is nutritious, a balanced diet should comprise a variety of food groups. It is essential to accompany meat consumption with a diverse range of fruits, vegetables, whole grains, and legumes to ensure a well-rounded and healthy diet.

Individuals with specific health conditions or dietary restrictions should be mindful of their meat consumption during Eid ul Azha. Consulting with healthcare professionals can provide guidance on maintaining a balanced diet while accommodating any health concerns.

While Eid ul Azha is a time of celebration, it is essential to be prepared for potential emergency cases. The following points highlight the significance of emergency preparedness during this period:

Sacrificing animals requires proper knowledge and skill to ensure the safety of both individuals involved and the animal being sacrificed. Adhering to humane and ethical guidelines is essential to prevent accidents or injuries during the sacrificial process.

Having basic first aid knowledge is crucial, especially in the event of accidents or injuries that may occur during the preparation or distribution of sacrificial meat. Prompt and appropriate first aid can help alleviate pain, prevent complications, and potentially save lives.

Ensure that emergency contact numbers, including local healthcare providers, ambulance services, and poison control centers, are readily available. In case of any medical emergencies, swift access to professional assistance can make a significant difference in ensuring a positive outcome.

With an increased use of open flames for cooking during Eid ul Azha, it is important to prioritize fire safety measures. Keep a fire extinguisher handy, be cautious with cooking equipment, and never leave open flames unattended.

Eid ul Azha is a time of religious significance, communal harmony, and sharing. While embracing the traditions and joy associated with the festival, it is essential to prioritize health, safety, and emergency preparedness. By practicing responsible meat consumption, following food safety guidelines, and being prepared for emergencies, individuals can ensure a happy and healthy Eid ul Azha for themselves, their loved ones, and their communities.

By: Ali Hassan



Quran About Sacrifice

"Their meat will not reach Allah, nor will their blood, but what reaches Him is piety from you." (Quran 22:37)

"And proclaim to the people the Hajj [pilgrimage]; they will come to you on foot and on every lean camel; they will come from every distant pass." (Quran 22:27)

"And when he reached with him [the age of] exertion, he said, 'O my son, indeed I have seen in a dream that I [must] sacrifice you, so see what you think.' He said, 'O my father, do as you are commanded. You will find me, if Allah wills, of the steadfast.'" (Quran 37:102)

"And the camels and cattle We have appointed for you as among the symbols of Allah; for you therein is good. So mention the name of Allah upon them when lined up [for sacrifice]; and when they are [lifeless] on their sides, then eat from them and feed the needy and the beggar. Thus have We subjected them to you that you may be grateful." (Quran 22:36)

"Their meat will not reach Allah, nor will their blood, but what reaches Him is piety from you. Thus have We subjected them to you that you may glorify Allah for that [to] which He has guided you; and give good tidings to the doers of good." (Quran 22:37)

"And when My servants ask you, [O Muhammad], concerning Me - indeed I am near. I respond to the invocation of the supplicant when he calls upon Me. So let them respond to Me [by obedience] and believe in Me that they may be [rightly] guided." - Surah Al-Baqarah (2:186)

"So whoever sights [the new moon of] the month, let him fast it; and whoever is ill or on a journey - then an equal number of other days. Allah intends for you ease and does not intend for you hardship and [wants] for you to complete the period and to glorify Allah for that [to] which He has guided you; and perhaps you will be grateful." - Surah Al-Baqarah (2:185)