

0518 **EMERGENCY AND TRAUMA CARE QUALITY IN
SINDH PROVINCE, PAKISTAN: A COMPREHENSIVE
ASSESSMENT**

J A Razzak*, U R Khan, D Heller, S M Baqir *Correspondence: Department of
Emergency Medicine , Aga Khan University, Stadium Road P.O. Box 3500 Karachi
74800, Pakistan*

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Background Trauma and other medical emergencies are a substantial component of the burden of preventable morbidity and mortality in developing countries. We evaluate the availability of emergency medical equipments/ medicines across four districts. **Methods:** This is a cross sectional study. We selected 93 out of 121 known public health facilities by stratified random sampling. These included a total of 67 Basic Health Units (BHUs), 14 rural Health Centers (RHCs), 12 public referral-level hospitals. We have selected 12 private tertiary care hospitals by convenience sampling. The instrument for assessment of trauma and emergency equipment was derived directly from the WHO Guidelines for Essential Trauma Care.

Results Overall, 105 healthcare facilities were surveyed. Majority of respondents (93.4%) reported no one in their facility had received formal training in emergency or trauma care. Many inexpensive and vital supplies were widely lacking, such as epinephrine (found in 30% of basic health unit facilities) and slings and splints (found in 18% of these facilities). Only one of 67 BHU facilities surveyed had an oral or nasal airway, compared to 11 of 12 private hospitals. Acetylsalicylic acid (aspirin) was available in only 67% of public referral hospitals and private hospitals; and an even smaller proportion of RHCs and BHU facilities. Fluid solutions, by contrast, were almost universally available across all levels of care.

Conclusion Wider distribution of a handful of low-cost supplies could substantially decrease morbidity and mortality from emergencies and trauma in the province.