Emergency Dept. News

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Lheophylline Useful In Infant Apnea

NEW YORK—Apneic spells in premature infants have been reduced with a daily dose of 2 mg of Lheophylline per kilogram of body weight, according to a report by Dr. Rebecca L. Milsap at New York Hospital-Cornell Medical Center.

This amount reduced apnea from an average of 8.6 episodes per hour, to an average of only 1.6, and at the same time increased oxygen consumption about 25 percent, after from 24 to 48 hours of this drug treatment schedule.

Milsap said the drug may work in such cases because this alkaloid has been shown to increase the time the infant spends in rapid-eye-movement (REM), sleep. During such periods, adults have been found to consume more oxygen and the same may be true of infants.

On days in southern Florida that would be considered balmy in the North—daytime highs in the 60s and nighttime lows in the 40s—the death rate is nearly twice what is normal. When temperatures drop below zero in Alabama, death rates climb to more than twice the normal levels. Even in New York City, where cold temperatures are a norm during winter, death rates increase by 25 percent during periods when the temperature drops below 10 degrees at night and does not climb out of the teens during the day.

Cowley Urges EPs To Join Nationwide EMS System

MIEMS' Dr. R Adams Cowley

Gary Moore

By Jean McCann

ST. THOMAS, V.I.—"A national consortium for EMS has been put together for all the 50 states," Dr. R Adams Cowley, director of the Maryland Institute for Emergency Medical Systems (MIEMS), announced here at a course on "EMS Systems and Trauma Center Development" which was sponsored by MIEMS and the University of Maryland School of Medicine.

He added: "We want you all to join and support it."

Cowley told his audience that Maryland is now part of a Mid-Atlantic EMS council involving several states, and that other multi-state groups have been set up in a few other areas of the country. He said it is important for neighboring states to join together as well as for a national organization to be set up "because we all have to share resources and help each other out."

(Information about the new national organization, and membership applications, may be obtained from the Mid-Atlantic EMS Council, Suite 380, 1850 K St. N.W., Washington, D.C. 20006, or phone 202/466/5533.)

In tracing the history of MIEMS, Cowley said the realization that minutes counted in being able to save the severely injured led to the development of the helicopter system, which has transported more than 10,000 people in the last 10 years.

Systems Concept a Must

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Surgeons a Must, EPs Are Told

He was responding to a written comment from an ED physician to the effect that "We're not appreciating the excellence of the new specialty of emergency physicians, and that we're talking down to those people at this conference today."

Dr. Kuehl, who is an ACEP member himself, and director of medical education at the Maryland Institute for Emergency Medical Services, said: "I see a very specific role for emergency physicians as triage officers. But this program today is specifically directed at the trauma aspect, and surgeons have got to be the leaders in that."

Dr. Alexander Kuehl

The emergency physician, he continued, can be "a facilitator, or the overall medical director of the regional program. But if he doesn't get his surgeons turned on to trauma treatment, the whole EMS isn't going to work. It's your job as emergency physicians to bring out the surgical leadership in your community. We are looking for a lot of you to facilitate this program at home."

Surgeons Reluctant, He Says

Dr. Thaddeus Malak of the Porter Memorial Hospital in Valparaiso, Ind., who told EDN he had written

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Systems Concept a Must

"Every one of us should have such a system," he added. "Ambulances are okay for the first 20 minutes in your catchment area, but if it's longer than that you've got to have an air evacuation system."

Cowley said the systems concept is vital. "Everyone in the room can take care of an injured person reasonably well, I'm sure, but the thing is to systematize. You can't be everything to everybody." In Maryland, for instance, he said, there are specialty centers in addition to the nine area-wide centers. These include special units for burns, pediatric trauma, eye injuries, and hand injuries, as well as special capabilities for neurotrauma and hyperbaric medicine.

Patients with the most serious trauma are generally transported directly to a shock-trauma unit—by helicopter if more than 20 minutes away.

Gary Moore, director of the aviation division of the Maryland State Police, said four helicopters strategically located around the state are available on a 24-hour basis to pick

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National EMS...

(Continued from page 1)

up and transport. On each helicopter is a pilot and an EMT-certified Maryland State Police observer/ medic. Supplies aboard include first aid supplies, oxygen, cardiac monitor, IV kit, and MAST trousers. In addition to the police radio, the helicopters also carry an EMS radio in order to communicate with fire boards and hospitals in the EMS system.

Weather Can Mandate Transport

Moore said safety is a prime consideration in helicopter operations. Two fatal accidents did occur, he said, before standards were set up for weather. "Generally speaking, the helicopters fly in most types of weather. However, thunderstorms, heavy snow, hail storms, thick fog, and severe high winds will keep the helicopters on the ground."

Under FAA regulations, he noted, daytime flight minimums are for 600 feet above the ground level with one mile forward visibility. For nighttime flights, these figures are 800 feet, with two miles visibility.

Moore said the state-funded air operation is run very strictly, as far as pilots are concerned (three were dismissed for violating rules). There have also been jurisdictional disputes, with firemen accusing the helicopter team of taking their ambulance runs away. This particular problem, however, has simmered down.

Yet another problem with running a state helicopter service, he said, is that occasionally a politician will ask for a free ride to a meeting. "We tell them to call the Governor's office."

State Senate: Norma L. Stewart (R), Benton (physician's spouse).

California
State Assembly: incumbent William J. Filante, MD (R), Greenbrae.

Colorado
State House of Representatives: Angeline Heaton, MD (R), Denver.

Connecticut
State House of Representatives: Norma L. Cappelleti (R), Waterbury (physician's spouse).

Delaware
State House of Representatives: incumbent Mary Ann Smith (R), Harrison (physician's spouse).

Michigan
State House of Representatives: incumbent Margaret O'Connor (R), Saline (physician's spouse).

Minnesota
State House of Representatives: Eric I. Ringsred, MD (D), Duluth; incumbent Gloria Segal (D), St. Louis Park (physician's spouse).

Missouri
State House of Representatives: incumbent Mary Kasten (R), Cape Girardeau

State Senate: Mary Ann Smith (R), Harrison (physician's spouse).

State House of Representatives: K. Nicholas Tsiongas, MD (D), Providence.

South Carolina
State House of Representatives: Donna Moss (D), Gaffney (physician's spouse).
State Senate: Julius R. Earle, MD (D), Walhalla.

South Dakota
State House of Representatives: incumbent Robert R. Giebink, MD (D), Sioux Falls.

Tennessee
State House of Representatives: incumbent Shirley Duer (R), Crossville (physician's spouse).
State Senate: James Bowen, MD (D), Orchards.

West Virginia
House of Delegates: Bobbi Hatfield, RN (D), Charleston (physician's spouse); incumbent Elizabeth Martin (D), Morgantown (physician's spouse).
State Senate: Fred Holt, MD (R), Charleston.

Wyoming
State House of Representatives: incumbent Harry Tipton, MD (R), Lander.

—**Denise Sadler**

MD politicians debate Puerto Rican statehood

Continued from preceding page

sions," he says.

He ticks off some hard facts about the island: Two-thirds of the population receive some sort of nutritional assistance such as food stamps, 22% are unemployed, an estimated 100,000 are drug addicts, and 95% of the manufacturing is owned by mainland and foreign investors. The average per-capita income is half of Mississippi's, which is the poorest state.

Federal programs, which give Puerto Rico $3 billion more a year than the island sends to Washington, D.C., keep the island afloat, Dr. Padilla says.

Statehood would give Puerto Rico the clout to solve some of its problems, he says. "We need political power. We would have seven representatives and two senators," he says.

The physician has proposed a plebiscite in 1987 on the status issue. President Reagan and challenger Walter Mondale both say they would support statehood if Puerto Rican voters approved it.

"I DON'T WANT to break ties with the United States," Dr. Sanchez-Longo responds. "That would be a terrible mistake."

Yet as a nation, Puerto Rico could erect trade barriers that would protect fledgling native industries. Economic development would supplant welfare, Dr. Sanchez-Longo contends. "Those who are in favor of statehood want economic support. That is not dignity," the neurologist says.

"One of the bad things in Puerto Rico is relief. It is spoiling our people. They don't want to work."

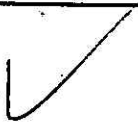
The third alternative, besides independence or statehood, is to continue as a commonwealth. In past elections, the commonwealth party has split the electorate with those favoring statehood, with a small minority going to the independents. The economic advantage of the commonwealth status is that Puerto Ricans pay no federal income taxes, although the island still is eligible for many federal assistance programs. Many mainland businesses also have been lured to the island by tax breaks.

One industry that was particularly attracted to Puerto Rico was the pharmaceutical industry: Nearly 100 drug companies operate on the island, which has been dubbed a pillmaker's paradise. All of the oral Librium and Valium consumed in the United States is manufactured in Puerto Rico.

As federal budget deficits mount, however, the pressure to close Puerto Rico's tax loopholes grows. Observers predict that the loss of favored tax treatment finally may force the decision of independence or statehood.

Whatever the economic arguments, it may be patriotism that determines Puerto Rico's final decision — patriotism either as Americans, or as Puerto Ricans.

—**Doug Lefton**



Trauma care network approved for Miami

A seven-hospital trauma network has been approved by the Metro-Dade Commission in Miami, Fla.

The plan calls for ambulances and a fire department helicopter to expedite transportation of the most severely injured patients to the institution best equipped to handle the particular injury.

The participating hospitals — Jackson Memorial, Baptist, South Miami, Mercy, Mount Sinai Medical Center, Hialeah, and Parkway Regional Medical — will apply for state certification as trauma centers by Jan. 1. Each will put up $100,000 to $150,000 to fund the helicopter, which will cost an estimated $1 million to run next year.

Miami was one of the last major U.S. cities with no organized trauma network, in part because no hospital wanted to assume the full burden of caring for indigent trauma victims and in part due to the overheated malpractice climate in South Florida (*AMN*, Aug. 24/31, 1984).

The network approved by the Metro-Dade commission (made up of the Miami mayor and eight Dade County commissioners) was developed by a task force formed by the county manager at the direction of the county commission in January, 1983, to explore opinions about what should be done to formalize trauma care. The task force was made up of the hospitals' administrators, the fire chiefs of the five county fire departments, and the county medical examiner.

Parkway Regional is expected to sign a commitment to the proposal, which has been signed by the rest of the hospitals.

The county is expected to operate the helicopter service, in which fire department paramedics will make decisions on where patients will be transported.

USP group seeks people for 5-year panels

1985 to 1990, are being sought from the medical, pharmacy, nursing, dentistry, and veterinary communities.

This committee sets standards of identity, strength, quality, and purity of drug substances, dosage forms, and pharmaceutic aids, and sets requirements for packaging and labeling, including nomenclature. These standards and requirements are legally enforceable under federal and state statutes.

IN ADDITION, the committee reviews and develops the USP Dispensing Information, which includes guidelines on patient drug-use consultation, and The National Formulary, the official compendia containing legally enforceable drug standards.

The nominating committee will nomi-

Elections will be held at the 1985 Quinquennial Meeting in Washington, D.C. on March 22-24.

OPEN COMMITTEE positions, with the number to be elected in each category, are: antibiotics, six; biochemistry and biopolymers, six; biopharmaceutics and pharmaceutics, eight; inorganic, physical, and analytical chemistry, seven; microbiology, six; pharmaceutical chemistry, nine; organic synthesis and organic analysis, seven; pharmacy practices of radiopharmaceuticals, three; parenterals, two; other dosage forms, two for a total of seven; materials, polymers, and packaging, six.

In addition, one expert in each of the following areas is sought: anesthesiology, cardiovascular and renal drugs, clinical

matologic and neoplastic disease, infectious disease therapy, neurological and psychiatric disease, nursing practice, nutrition and electrolytes, obstetrics and gynecology, ophthalmology, otorhinolargyngology, parasitic disease therapy, pediatrics, pharmacy, radiopharmaceuticals (medical information), surgical drugs and devices, urology, and veterinary medicine.

The USP is the only national organization in which medicine and pharmacy have equal voices.

Nominations may be sent to USP Nominating Committee, 12601 Twinbrook Parkway, Rockville, Md., 20852; or contact William M. Heller, PhD, secretary, USP nominating committee, at (301) 881-0666.

Medicare claim form deadline is extended

The November, 1984, mandate date for the new and revised Uniform Health Insurance Claim Form for Medicare claims has been postponed indefinitely, according to the Health Care Financing Administration (HCFA).

LAST MAY, when the new version of the insurance claim form was introduced, the Medicare program also announced that the official changeover date for Medicare claims would be November, 1984.

Recently, Medicare, through HCFA, announced that this date would be postponed indefinitely until existing supplies of the old form are exhausted. As a result, Medicare claims will be accepted on the old as well as the new version of the claim form.

THE UNIFORM Health Insurance Claim Form is a universal form that will be accepted by all Medicare carriers, many Medicaid state agencies, other government plans, private insurance companies, and Blue Shield plans.

To obtain further information on the Uniform Health Insurance Claim Form, contact the AMA Order Dept. at (312) 280-7168, or write AMA Health Insurance Forms, P.O. Box 10946, Chicago, Ill. 60610-9968.

Bill would accredit trauma centers

Pennsylvania Health Secretary H. Arnold Muller gave his support to legislation to accredit selected hospitals as trauma centers.

The legislation, recently approved by the state House of Representatives, would establish a non-government foundation to solicit proposals for trauma centers and to accredit those that meet standards.

Efforts to establish a trauma center program in the state have been under way for some time. Two years ago, the state Dept. of Health was preparing to designate trauma centers, but this effort was blocked by litigation filed by several hospitals. The health department subsequently negotiated with various health care groups, and Muller said he thought that a consensus was near.

The secretary, addressing a meeting of the medical staffs of the five hospitals in Lancaster County, also gave support to legislation to require that ambulance attendants be licensed.

Wisconsin MDs offer care to needy

The State Medical Society of Wisconsin has urged its 5,500 members to offer "special considerations" to financially strapped patients to ensure that no one be forced to forego needed medical care.

The society asked members to consider it an across-the-board request, not applied only to the elderly.

The society also has reaffirmed its opposition to mandated assignment.

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