



RESEARCH ARTICLE

STUDY OF EMERGENCY CASES IN CASUALTY

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ABSTRACT

Background: Emergency care is one of the most sensitive area of health care, this sensitivity is commonly based on a combination of factors such as urgency and crowding.

Aim and objective: The aim of present study is to survey of emergency cases in casualty at PDU medical college and Hospital Rajkot. The objective of the study was to know the pattern of cases in the casualty and to analyze the mix pattern of emergency cases in the casualty.

Material and methods: A retrospective study of all cases seen at the Casualty department of PDU Medical College and Hospital was carried out. The span of the study is from December 2015 to May 2016. A total 5555 cases of patients attending the casualty were studied from the casualty records. The data was collected from the casualty registers/records and the medical record department. To study the case mix pattern, the patients coming to the casualty were grouped under the broad speciality heading of medical, surgical and others.

Results: A total of 5555 patients attended the casualty, with a Medicine: Surgical cases ratio of 3:2. The analysis revealed that highest number of patients attending casualty belonged to medicine and allied speciality

Conclusion: It can be concluded that almost 50% of the patients attending the casualty department had trivial complains which did not required much attention.

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INTRODUCTION

The Accident & Emergency department is the "shop window" of acute hospitals. It is the part of the hospital most closely in contact with the public as it offers the most informal access. (Lowden, 1956) The Casualty department is also known as an emergency department, is a medical treatment facility specializing in emergency medicine, the acute care of patient who present without prior appointment; either by their own means or by that of an ambulance. The emergency department is usually found in a hospital or other primary care centre. The original term (casualty) meant a seriously injured patient. It was predominantly a military word, a general term for the accidents of service: after a battle the dead, the wounded, and the sick lumped together as "casualties". The term "casual" has its origin from the workhouse "casual" who was not one of the unemployable permanents, but the irregular and unexpected caller who needed temporary help. (Ell, 1972; The Lancet investigation into the administration of the outpatient department of the London hospitals, 1869; Wilson, 1980) Due to unplanned nature of patient attendance, the department must

provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life threatening and require immediate attention. In some countries, emergency department have become important entry points for those without other means of access to medical care. (Guthrie, 1960; Cone, 1998)

Table 1. Total cases of casualty

Duration	Total cases	Cases of Medicine	Cases of surgery
December 2015 to May 2016	5555	3409	2146
%	100%	61.37%	38.63%

Out of 5555 studied patients, 3409 patients belong to Medicine and 2146 patients belong to Surgery. Medicine: Surgical =3:2

In this study total numbers of male in medicine were 2051 and female were 1358. And in Surgery, male were 1539 and female were 607. This indicates that males were more affected than females.

This table indicates that most common cases present in casualty department from medicine are chest pain/MI, poisons and others are from mix variety.

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Table 2. Gender wise distribution of cases

	No of Cases in Medicine	No of Cases in Surgery	%
Male	2051	1539	64.63%
Female	1358	607	35.37%

Table 3. Various type of cases of Medicine in Casualty

Months	Chest Pain/ MI	Poison	Convulsion	Unconsciousness	Fever	Diabetes Mellitus	Others	Total
December 2015	160	103	28	23	23	18	173	528
January 2016	169	110	35	29	34	26	179	582
February 2016	181	117	43	37	42	35	152	607
March 2016	165	109	32	29	26	22	183	566
April 2016	172	113	39	33	38	28	146	569
May 2016	172	122	51	38	46	35	93	557
Total	1019	674	228	189	209	164	926	3409
%	29.9	19.8	6.7	5.54	6.13	4.8	27.5	100

Table 4. Various type of cases of Surgery in Casualty

Months	Road traffic Accidents	Head injury	Abdominal Pain	Assaulted Injury	Fall down	Others	Total
December 2015	81	45	47	44	37	45	299
January 2016	87	52	44	52	45	73	353
February 2016	96	58	51	60	51	59	375
March 2016	85	51	41	50	43	88	358
April 2016	91	56	48	56	50	70	371
May 2016	101	64	59	65	58	40	387
Total	541	326	290	327	284	375	2143
%	25.24	15.21	13.53	15.25	13.25	17.49	100

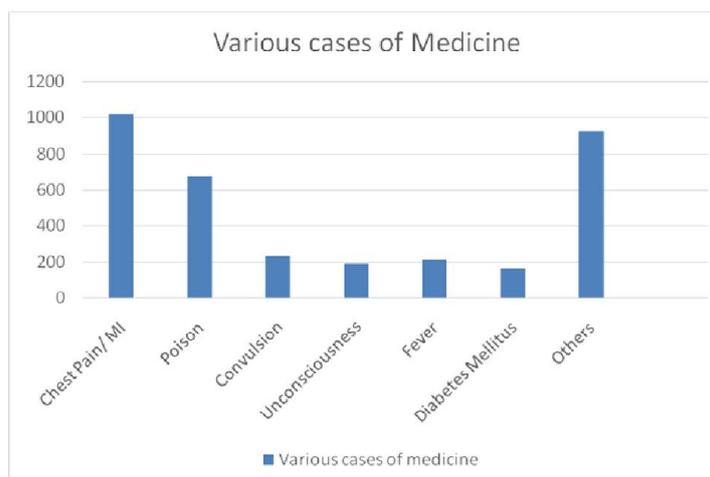


Figure 1.

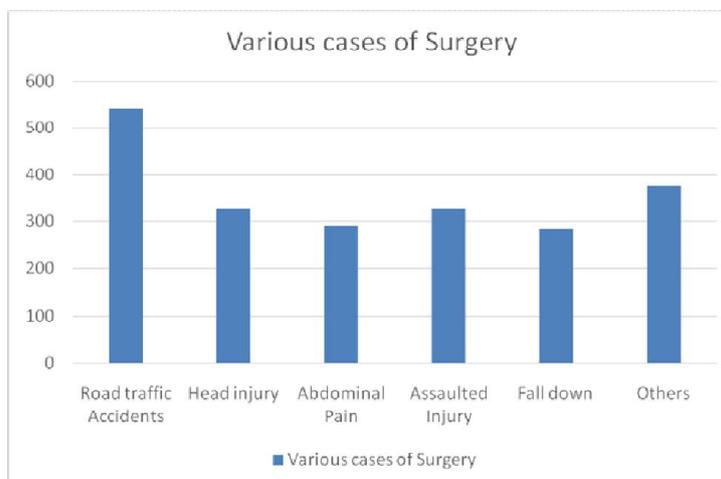


Figure 2.

This table indicates that most common cases in casualty from surgical is Road traffic accidents. Other are in lower frequency.

Discussion

The survey in casualty department was carried in 5555 patient in 6 months. In this study both medicine and surgical patients were included. Most frequent cases found in medicine were chest pain/myocardial infarction (29.8 %), poisons (19.8 %), convulsion (6.7%), unconsciousness (5.5%), diabetic mellitus (6.13%), fever (4.8%) and others (27.16%) like COPD, CRF, vomiting, etc. Most frequent Cases in surgical were road traffic accident (25.25%), head injury (15.21%), abdominal pain (13.53%), assaulted injury (15.25%), fall down (13.25%) and others (17.5%) like diabetic foot, intestinal obstruction, etc. Among this road traffic accident were most commonly present.

Conclusion

The study revealed that maximum number of patient visiting the casualty belonged to general medicine and surgical. The large number of patients visiting the casualty had minor complains and did not suffer from any serious complaints,

which actually required emergency treatment. Cases in medicine are more frequent than surgery. According to gender distribution female cases are less in both medicine and surgery. It was found that large proportions of patients attending the casualty department were casual attenders and as such did not constitute real clinical emergencies.

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