

controlled trial in patients with atrial fibrillation refractory to DC cardioversion", will be briefly introduced.

Did the research involve human subjects, including review of existing records/material?: Yes

Main contact person: Full Name: Iskandar Gebran Berbari
Email: ib24@aub.edu.lb

Phone Number: 70-954047

Article based on the abstract was published in the American Journal of Emergency Medicine

Hajjar K, Berbari I, El Tawil C, Bou Chebl R, Abou Dagher G. Dual defibrillation in patients with refractory ventricular fibrillation. *Am J Emerg Med*. 2018;36(8):1474–1479.

□ LEFT WITHOUT BEING SEEN IN A TERTIARY CARE HOSPITAL EMERGENCY DEPARTMENT IN LEBANON



Name of principal investigator: Dr. Eveline HITTI

Names of co-investigators: Dr. Mazen EL SAYED, Dima Hadid, Dr. Hani Tamim, Dr. Moustafa AL Hariri Affiliation by institution and country of principal investigator and presenter: Eveline Hitti, MD MBA, American University of Beirut Medical Center, Beirut, Lebanon.

Presenter: Dima Hadid, MAPH, American University of Beirut Medical Center, Beirut, Lebanon

Body text:

Background: Patients who seek medical attention in the emergency department setting but leave without being examined by a physician, represent an issue of significant concern. Uncompleted ED visits have long been the subject of extensive research as to pinpoint correlating patient and hospital factors and to assess possible solutions. The most recognized correlating factor to uncompleted ED visits is overcrowding, however, other factors are implicated. We investigate other factors correlated with left without being seen cases. This study identifies reasons and predictors of LWBS and examines outcomes of patients in a tertiary care hospital Emergency Department in Lebanon.

Methodology: This is a matched case-control study carried out in the ED of a tertiary care center in Beirut Lebanon between June 2016 and May 2017. Patients labeled as left without being seen (study group) are matched with others who remained and completed medical service (control group) according to registration date and time (± 2 hours) and triage level (measured by emergency severity index ESI). A descriptive analysis and a bivariate analysis were conducted comparing patients who LWBS and those who completed their medical treatment. This was followed by a Logistic regression to identify predictors of LWBS.

Results: LWBS patients were more likely to be older, of male gender, married, high school graduates, and self-payers, to have had fewer ED visits in the past year, to have faced at least one ED access issue and to present with an (Eye/ear) chief complaint. Reasons for LWBS were non-compensable status followed by financial reasons and long waiting times. LWBS were more likely to seek medical care after leaving the ED and were more likely to represent to the ED after 48 hours.

Conclusion: In an ED setting of a tertiary care hospital in Lebanon, non-compensable status was the strongest predictor for LWBS.

Did the research involve human subjects, including review of existing records/material?: Yes

Main contact person: Full Name: Dima Hadid

Email: dima.hadid@live.com

Phone Number: 70-562255

□ CHARACTERISTICS AND OUTCOMES OF PEDIATRIC SEPTIC PATIENTS WITH CANCER: A RETROSPECTIVE COHORT STUDY OF PATIENTS PRESENTING TO A TERTIARY CARE CENTER IN LEBANON



Name of principal investigator: Dr. Gilbert Abou Dagher¹

Name of co-investigators: Dr Rawan Safa¹, Dr Karim Hajjar¹, Dr Christopher El Khuri¹, Dr Aiman Saleh¹, Aurelie Mailhac², Maha Makki¹, Dr Iskandar Berbari¹, Dr Ralphe Bou Chebl¹

Presenter: Dr. Rawan Safa

Affiliation by institution and country of principal investigator and presenter: American University of Beirut Medical Center, Lebanon

¹Department of Emergency Medicine, American University of Beirut Medical Center, Beirut, Lebanon

²Clinical Research Institute, American University of Beirut, Beirut, Lebanon

Abstract

Background: Pediatric oncology patients may be at a higher risk of complications and mortality from sepsis compared to their non-oncology counterpart.

Objectives: The aim of this study is to compare characteristics, treatment, and sepsis-related mortality between oncology and non-oncology patients presenting to a tertiary care medical center emergency department (ED).

Methods: This is a retrospective single-centered cohort study including patients with a diagnosis of sepsis, severe sepsis, septic shock, or bacteremia in our academic ED between January 2009 and January 2015.

Results: Secondary analysis showed that oncology patients did not have a statistically significant higher in-hospital mortality (5.9% vs 2.7%; $p=0.45$). On presentation, oncology patients had a lower respiratory rate (24.33 ± 9.48 vs 27.45 ± 7.88 ; $p=0.04$). There were significant differences in the total blood counts and most electrolytes, with lower values in the oncology group. Intravenous fluid replacement in the first 6 hours and vasopressors use were higher in the cancer cohort ($p < 0.0001$). Antibiotics were initiated at a faster rate in the oncology cohort (1.25 ± 1.95 hours vs 3.33 ± 1.97) ($p < 0.0001$). Cancer-free patients had significantly higher lung infections compared to cancer patients ($p < 0.0001$). There were no statistically significant differences in ED, intensive care unit (ICU) and general practice unit (GPU) lengths of stay.

Conclusion: Pediatric cancer patients were found to have a higher incidence of bacteremia and received more aggressive treatment. There was no statistical significance regarding mortality between the two cohorts ($p=0.45$).

Did the research involve human subjects, including review of existing records/material?: Yes

Main contact person: Full Name: Rawan Safa

Email: rs212@aub.edu.lb

Phone Number: 70-674685