



Good Medicine in Bad Places: Have POC Testing, Will Travel

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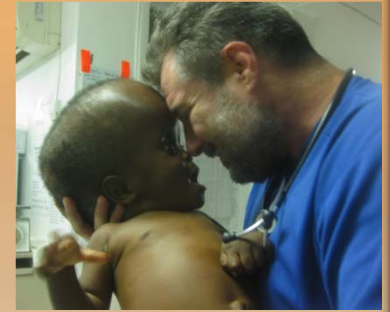
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Faculty / Moderator: Disclosure



Sean G. Smith: has no relevant financial relationships with commercial interests to disclose.

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Learning Objectives:


After this presentation, you will be able to:

Describe the limitations of disaster/trauma care in Haiti, lack of lab testing, and how point of care helps.

Remote Medical Missions

Bainet....500 patients in 3
days....






Blood Gasses (or lack thereof)

Primary Disorder	SOME Possible Causes
Respiratory Acidosis (↓ pH w/ ↑ CO ₂)	HYPO-ventilation
Respiratory Alkalosis (↑ pH w/ ↓ CO ₂)	HYPER-ventilation
Metabolic Acidosis (↓ pH w/ ↓ HCO ₃ ⁻)	HCO ₃ loss (diarrhea) HCO ₃ consumption (CUTE DIMPLES)
Metabolic Alkalosis (↑ pH w/ ↑ HCO ₃ ⁻)	H ⁺ loss (vomiting) HCO ₃ increase (compensation-e.g.: COPD)

NB: Proactive vs. Reactive....if you see the cause, then, even without a blood gas, you may have an index of suspicion that your patient is experiencing a particular derangement and assist their clinical course towards homeostasis.



Trauma Mass Casualty:
Limited Blood Supply
Informed Decision Making

Gangbangers.
Vs.
Pediatric Surgery Patient.



Iatrogenic Anemia:

Septic Neonate bloodwork:

Minimum blood volume for the lab to be able to run a CBC, bilirubin and electrolytes is 2mls.



Small Sample Size

Sunday 3 codes in less than three hours.... Including a neonate with a UVC and a pediatric with an IO....



Self Assessment Question:

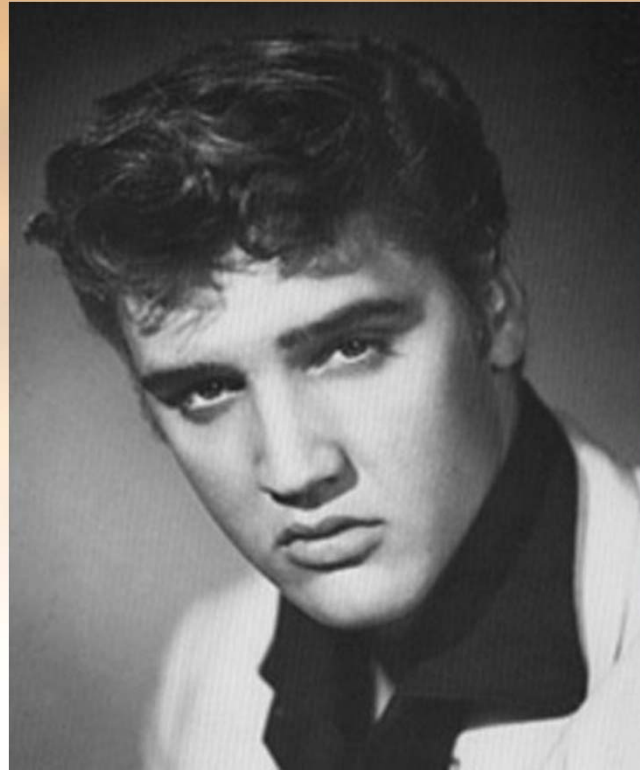
1. Point of care testing helps in resource limited environments in that it:
 - a) Increases access to healthcare
 - b) Decreases turn around times
 - c) Decreases minimum blood volumes
 - d) Is rapidly deployable
 - e) Is often comparatively robust



Questions, Comments, Concerns?????

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Thank You.... Thank You Very Much....!

Go MAKE a Difference!

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