Background Several studies published showed the application of the Early Warning Scores (EWS) in prehospital setting. This article aims to reflect the prehospital emergency nurse's intervention, acting under pre-established medical protocols, in the clinical evolution of the critically ill patient, through the application of the NEWS2 score.

Method This is a retrospective analysis of cases during one year in an urban ambulance-nurse staffed (SIV-Lisboa), by the application of the NEWS2 in three different moments: at arrival of the team, after the first interventions and at hospital admission.

Results Between October 1, 2017 and September 30, 2018, SIV-Lisboa assisted 2387 patients, of which 1825 patients were elected to this study. At the arrival of the ambulance team, 36.77% of the patients showed Red Score, 0.55% High Score, 1.32% Medium Score, 60% Low Score and in 1.37% of the cases there were a missing item. At hospital admission, 52.9% of the red scored patients improved to lower scores.

Conclusion The application of NEWS2 by an ambulance-nurse staffed allows to identify the criticality of the patient, optimizing the communication between nurse and doctor, in dispatch center, allowing to evaluate the success of the interventions performed by nurses in the prehospital phase. The analysis of the data concluded that the nursing intervention proved to be effective in stabilizing the critical patient. In the future, it will be interesting to expand the application of this score to all ambulance-nurse staffed, making possible a national wide analysis.

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THE EXTRAHOSPITAL USE OF SUCCINHYLCHOLINE PRODUCES HYPERKALEMIA?

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Background Succinylcholine is a depolarizing relaxant that can cause hyperkalemia. Some clinical studies have shown serious hyperkalemia cases subsequent to the administration of succinylcholine, reason why many Outpatient Services have withdrawn succinylcholine from their therapeutic arsenal, and therefore the possibility to perform a Rapid Sequence Intubation (RSI).

Method Our hypothesis is that succinylcholine, when used as a unique dose in RSI, can cause mild hyperkalemia, as observed in a retrospective observational study of SAMUR-PC assisted cases in 2017. This study includes patients above 18. RSI had been performed in all cases - regardless of their pathologies, and potassium levels had been measured before and after the administration of succinylcholine.

Results This study includes patients above 18. RSI had been performed in all cases - regardless of their pathologies, and potassium levels had been measured before and after the administration of succinylcholine. A sample size (n) was obtained in 95 cases. The average potassium before RSI was 4.0049 with a standard deviation of 0.9022 while the average potassium level after RSI was 4.0758 with a standard deviation of 0.7807. In order to compare the mid-range of both tests and determine significant differences, we performed the Wilcoxon T test, which shows that there is no statistical significance between the potassium averages before and after the administration of succinylcholine.

Conclusion It is therefore confirmed for the first time in the outpatient environment that there is no significant increase of potassium levels.

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