Poster walk 2 - Akut behandling

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21	Nurse-Administered Remimazolam for Procedural Sedation in the Emergency Department: A Prospective Study of Effectiveness and Patient Satisfaction	Anne Lund Krarup / Annika Kamp
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Hvad sker der med de præhospitale patienter, når de afsluttes i telefonen eller på stedet?

Baggrund

Et stigende antal akutte henvendelser stiller krav til god visitation af patienter, der ringer 1-1-2. Både de, der vurderes at skulle på hospitalet og de, der formodes at kunne afsluttes. Men hvad sker der egentlig med patienter, der afsluttes i telefonen eller på stedet?

Formål

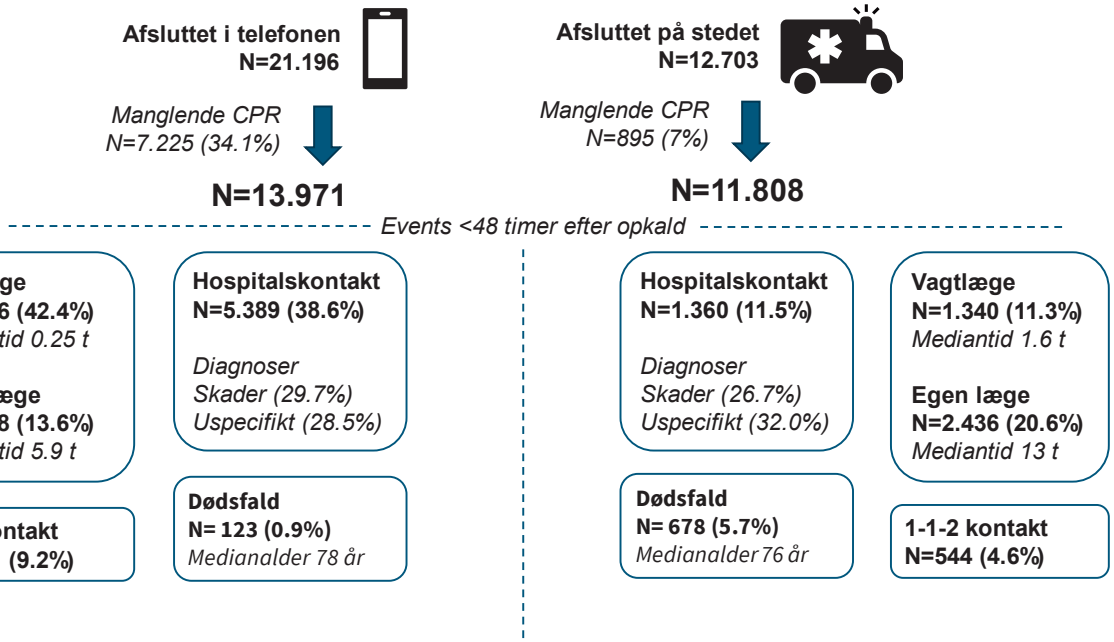
Undersøge de videre patientforløb for patienter, der afsluttes præhospitalt (i telefonen eller på stedet) med fokus på efterfølgende kontakter til egen læge, lægevagt, hospital, 1-1-2 og dødelighed.

57% af patienterne, der blev afsluttet i telefonen, kontaktede lægevagt eller egen læge, mens andelen var 31.9% for patienter afsluttet på stedet

Metode

Register-baseret observationsstudie af patienter med 1-1-2 kontakt i Region Nordjylland i perioden 1.1.22-31.11.23. For patienter med kendt CPR, identificeres efterfølgende kontakter til egen læge, lægevagt, hospital, 1-1-2 og vitalstatus indenfor 48 timer efter opkaldet.

Resultater



Diskussion

Resultaterne viser vigtigheden af tværsektorielt samarbejde mellem ambulancetjeneste, hospital og primærsektor samt betydningen af gode datakilder, der kan understøtte samarbejdet og evaluering af kvaliteten heraf.

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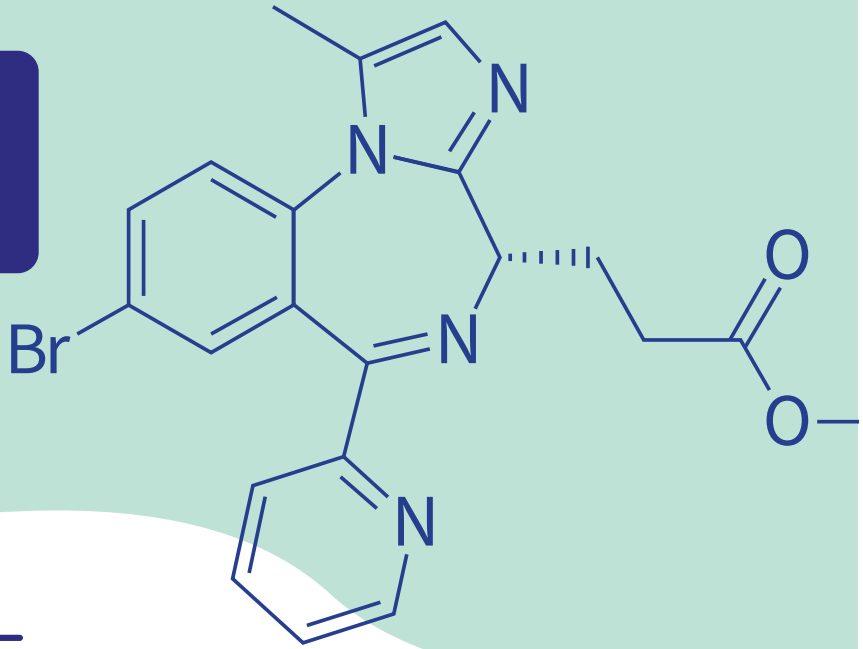
Rapid and Safe for Adolescents

Evaluating Remimazolam for Procedural Sedation in Adolescents in the Emergency Department

– a Pilot Study



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INTRODUCTION

Safe and effective sedation is essential in pediatric emergency care. Remimazolam, a novel ultra–short-acting benzodiazepine, offers promising advantages including rapid onset and recovery, minimal cardiorespiratory depression, and organ-independent metabolism. **T**his study aims to evaluate the safety and effectiveness of Remimazolam for procedural sedation in adolescents in an emergency department setting.

METHODS

This prospective pilot study at the Department of **E**mergency Medicine and **T**rauma Center, Aalborg University **H**ospital, Denmark we included patients aged 12-17 years requiring procedural sedation. Remimazolam was administered by **E**D staff without anesthesia specialization. Outcome included safety (respiratory and cardiovascular events), procedural success, recovery time, and patient/provider satisfaction. Sedation effectiveness was evaluated by onset time, patient satisfaction, and whether general anesthesia would otherwise have been required.

RESULTS

From June 2024 to July 2025, 20 adolescents (median age 15 years; 18 boys) underwent procedural sedation with Remimazolam. Most procedures were fracture reductions (65%), and all patients had ASA scores of **I**–**II**. No severe adverse events occurred; one adolescent (5%) experienced mild, self-limited respiratory problems. Median sedation dose was 17.5, (**I**QR:2.5;52.5) mg, with a median time to full recovery of 20 (**I**QR: 10;50) minutes including the procedure. Procedural success was 94%, with 100% having either amnesia or reporting satisfaction with the sedation.

CONCLUSIONS

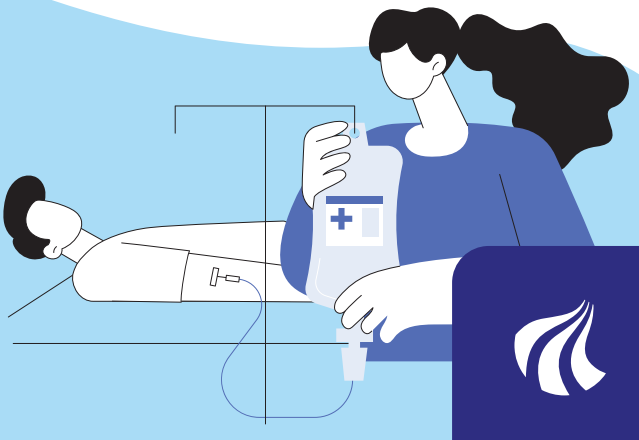
Remimazolam appeared to be a safe and effective option for procedural sedation in adolescents in the emergency department. **I**t was associated with high patient and provider satisfaction, minimal adverse events, and rapid recovery. Studies of its use in larger scale is warranted.

PATIENT CHARACTERISTICS	
Adolescents sedated with Remimazolam, n	20
Age, median (range)	15 (12;17) years
Sex	18 boys
Weight, median (range)	64.5 (**3**9;85) kg
Hight, median (range)	172 (150;195) cm
BM**I**, median (range)	21.**3** (15.2;26.2) kg/cm²
ASA score 1, %	85
ASA score 2, %	15
Procedures planned, %	
Joint reduction	25
Fracture reduction/stabilization	65
Painful transfer	5.0
Painful cast application	5.0
Expected airway problems?, % "No"	100

Abbreviation: n, number; ASA, American Society of Anesthesiologists physical status classification system

REQUIRED DOSES AND ADVERSE EFFECTS	
Opioids administered as part of the sedation, %	
Alfentanil	20
Fentanyl	10
Others	0.0
Remimazolam dose, median (range) mg	17.5 (2.5;52.5)
Time from first dose to start of procedure, median (range) minutes	**3**.0 (0;25)
Were the patient resting with closed eyes when the procedure started?, % "Yes"	85
Time from first dose to the procedure were finished, the patient awake and safe to leave alone, median (range) minutes	20 (10;50)
Were there moderate or severe side effects?, %	
Moderate*	5.0
Severe	0.0
Did the possibility to use Remimazolam sedation in the **E**D save the adolescent a trip to the operating room?, %	**3**0
Was the procedure successful?, %	94
Was the patient satisfied with the sedation?, % answering "Yes"	100
Total amnesia for the procedure, %	100
Did the nurse or doctor performing the sedation feel that the sedation was a success for all involved?, % answering "Yes"	100
Would the nurse or doctor choose to sedate with Remimazolam again in a similar situation? % answering "Yes"	100

Abbreviations: mg: milligram,
*Solved by talking to the patient, starting the procedure, increasing oxygen flow, and performing jaw lift for a few minutes



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Nurse-Administered Remimazolam is Safe

for Procedural Sedation in the Emergency Department

– a Prospective Study of Safety, Effectiveness and Patient Satisfaction

Anne Lund Krarup[1,2] • **Dennis Møller Andersen**[1] • **Steven Krogh-Larsen**[1] • **Nitharsana Nagendram**[1] • **Per Lund Petersen**[1] • **Nathalie Skov Nørbjerg**[1] • **Mathilde Kern**[1] • **Mathilde Mulvad**[1] • **Anastasiia Eggertsen**[1] • **Jakob Fogh**[1] • **Katrine Krogh Sørensen**[1] • **Dorte Melgaard**[1,2]

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INTRODUCTION

Remimazolam (RM) is a novel ultra-short acting benzodiazepine with a fast onset and short halftime, with similar safety as other sedatives such as Midazolam or Propofol. This study evaluated the safety of using RM for procedural sedation in the emergency department (ED) by nurses without previous anesthesiologic specialization.

METHODS

This prospective study was performed at the ED at Aalborg University Hospital between September 2024 and May 2025. Inclusion criteria were; patients needing sedation for a procedure, age>12 years, ASA score 1-3, and an available nurse having received thorough education in RM, but having no anesthesiologic specialization. Safety was measured as a percentage where no or mild/moderate/severe respiratory adverse effects occurred.

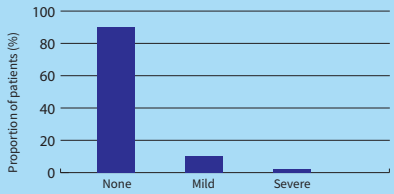
RESULTS

In total 183 patients were included and 89% underwent procedural RM sedation without respiratory adverse effects, 7.5% experienced mild/moderate adverse effects, and 2.7% experienced severe respiratory complications. All complications were resolved in the ED within minutes. The majority of patients (94%) experienced amnesia for the procedure. Procedures could be started at a mean of 3 (IQR: 2;4) minutes after administration of RM. Patients could safely be left unsupervised within 15 (IQR 12;20) minutes of the first RM dose.

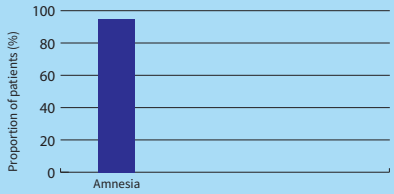
CONCLUSIONS

Severe respiratory adverse effects were rare and RM was safe to use in the ED by nurses without anesthesiologic specialization. Most patients had amnesia and/or were satisfied with the sedation. Procedures could be initiated within minutes of sedation and resolved successfully in most cases.

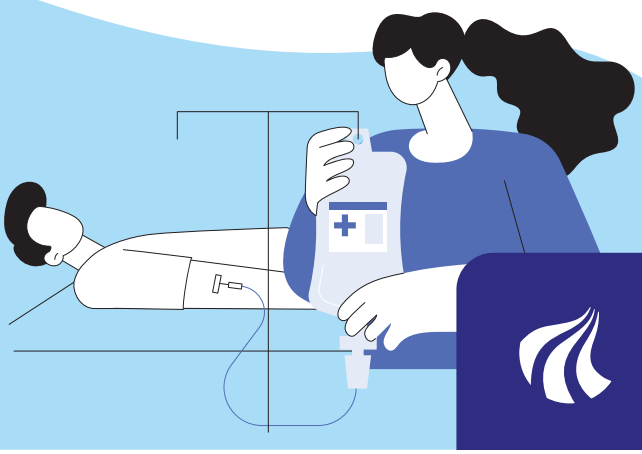
Respiratory problems during Remimazolam sedation of 183 Emergency Department (ED) patients. Sedation was performed by ED nurses without specialization in anaesthesiology.



Patient satisfaction during Remimazolam sedation of 183 Emergency Department (ED) patients. Sedation was performed by ED nurses without spezialization in anaesthesiology.



Sedation and procedure effectiveness. A) shows the proportion of patients that were "sleeping" (eyes closed but responsive to sound) when the procedure started, B) that could safely be left unmonitored within 20 minutes (including the procedure time), C) and that we would previously have booked an operating room (OR) for, resulting in long waiting time in pain for the patient.



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Region Hovedstaden
Center for Sundhed

Analysis of Surgical Wait Times and 30-Day Mortality in Patients Undergoing Acute Surgery for Perforation, Ischemia, or Postoperative Intraabdominal Bleeding in the Capital Region of Denmark – using data from The Danish Clinical Register of Emergency Surgery

Authors: Schmidt, U.S. [(1)], Nies, N.D. [(1)], Nielsen, C.M. [(1)], Knudsen, M.S. [(1)], Skovgaard, J. [(1)], Haurum, S.S. [(1)].
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Introduction

According to the latest report from The Danish Clinical Register of Emergency Surgery, the proportion of patients undergoing acute surgery for perforation, ischemia, or postoperative intraabdominal bleeding within the recommended time of six hours, has improved nationally. However, in the Capital Region of Denmark, only 28% of patients received surgery within the recommended six-hour timeframe during the period from September 2023 to August 2024. This is well below the goal of 90% which indicates a need for continued focus and improvement.

Aim

Currently, the register only indicates whether surgery was performed within or after set time limits. Our aim is to understand the wait time better and to identify opportunities for improvement, by conducting detailed analyses of the distribution of wait time and the association with mortality.

Methods

Data was extracted from the register for the period 2023-July 2025. Wait time to operation and 30-days mortality were calculated according to the guidelines of the register. Mean wait time was determined and cumulative curves were created with two-hour intervals. Kaplan-Meier survival curves were used to analyze the relationship between wait time and 30-days mortality. Finally, comparative cumulative curves and Kaplan-Meier curves were created for each of the emergency hospitals in the region.

Results

The average wait time for surgery for the population was nearly 13 hours – considerably higher than the recommended six-hour limit. The cumulative analysis (figure 1) shows that after 30 hours 90% of the patients had undergone surgery, although some waited up to 46 hours. While the majority of surgeries are clustered around the six-hour mark, notable delays were observed. Hospital level comparisons reveal generally similar patterns in the distributions of surgeries but also differences among the hospitals.

The Kaplan-Meier analysis (figure 2) indicate a clear association between greater wait times and reduced 30-days survival. Patients operated at the six-hour mark, have an estimated survival rate of approximately 95% which decline to 85% at 12 hours and to around 75% at 24 hours. This supports the recommendation of six hours as a critical threshold. Kaplan-Meier curves for the selected hospitals indicate minimal and not statically significant (>0.05) differences in survival curves across the hospitals, suggesting limited variation in how wait time impacts patient outcomes.

Figure 1. *Distribution of wait times for operations for perforation, ischemia, or postoperative intraabdominal bleeding from 2023 to July 2025.*

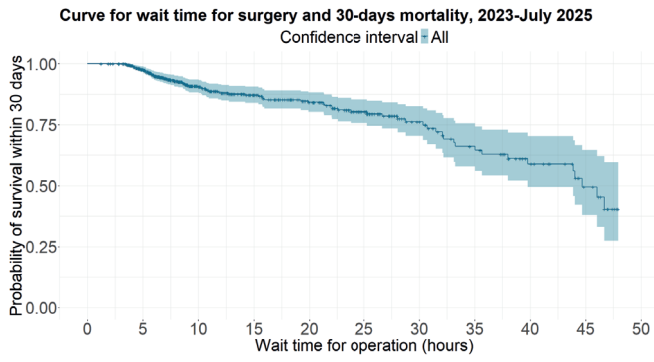


Figure 2. *Relationship between wait time for surgery and 30-day survival probability (2023–July 2025).*

Discussion and Conclusion

Our findings show that patients in the Capital Region of Denmark wait longer for acute surgery for perforation, ischemia, or postoperative intraabdominal bleeding than recommended, which may negatively impact survival. Although mortality rates at 30 and 90 days remain within the development goals (12% and 18%) set by the database and thus other factors are expected to affect the mortality rate, the low proportion of patients treated within six hours calls for targeted quality improvements initiatives.

It is important to note that our analysis did not adjust for potential confounders such as comorbidity, severity of illness or age, which is expected to influence the relationship between wait time and mortality.

Paramedicineres brug af ultralyd i Region Nordjylland

Baggrund

Præhospital ultralyd blev implementeret paramedicinerbiler i Region Nordjylland i maj 2021.

Der er ingen systematisk mulighed for at registrere brug og fund af ultralyd i den præhsopitale patientjournal.

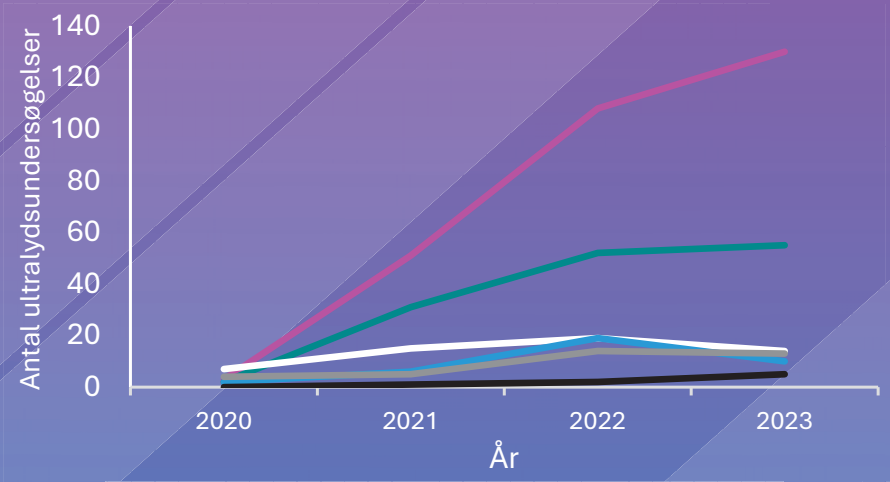
Formålet var at belyse anvendelsen af ultralydsundersøgelser og patienternes karakteristika.

Metode

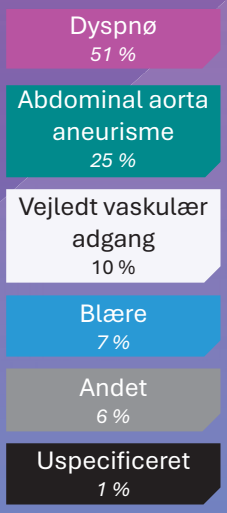
Historisk kohorte studie med journalgennemgang.

Patienter med kontakt til 1-1-2, 1. januar 2020 til den 31. december 2023 i Region Nordjylland.

Ved tekstsøgning og journalgennemgang blev ultralyd bekræftet, samt hvilken indikation den blev foretaget på.



Figur 1 Antallet af ultralydsundersøgelser over år fordel på indikationen undersøgelsen blev udført på



Figur 2 Fordelingen af ultralyd indikationer i hele perioden.

Resultater

568 ultralydsundersøgelser.

Median alder 64 år, primært mænd, "bryst smerter – hjertesygdomme" mest hyppige symptom ved 1-1-2 opkaldet.

51,4 % af ultralyd anvendt på indikation for dyspnø (pneumothorax, lungestase eller pneumoni)

Trods at der ikke kan vurderes effekten af ultralydsundersøgelsen, bidrager dette studie med basal viden om brugen af ultralyd, samt patientgruppen, over en 3-årig periode.

Dette skal anses som den helt indledende fase i forskning om præhospital ultralyd

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Natasja Strangholt, Rikke Kastrup Knudsen, Vibe Maria Laden Nielsen, Pernille Leth, Tim Alex Lindskou

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Den Præhospitale Virksomhed, Region Nordjylland

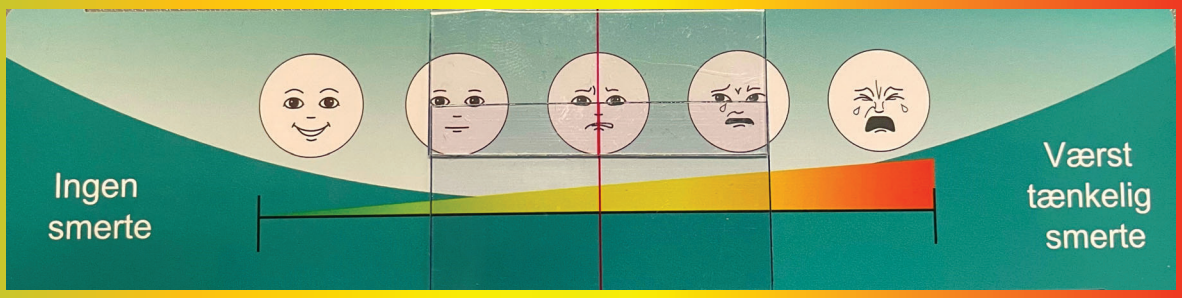
CPER – Centre for Prehospital Emergency Research

AALBORG UNIVERSITETSHOSPITAL – i gode hænder

AALBORG UNIVERSITET

DEN PRÆHOSPITALE VIRKSOMHED

Præhospital smertebehandling i Region Nordjylland



Baggrund
Effektiv smertebehandling er afgørende i akutmedicinske tjenester for at reducere både fysiologisk og psykologisk belastning. På trods af eksisterende retningslinjer er smertebehandlingen ofte utilstrækkelig, hvilket resulterer i oligoanalgesi. Formålet var at kortlægge forekomsten af smerte hos ambulancepatienter i Region Nordjylland og evaluere den præhospitale smertebehandling, herunder fentanyl, paracetamol og kombinationsbehandling.

Metode
Retrospektivt observationsstudie af akutte ambulancekørsler i Region Nordjylland fra 1. januar 2020 til 31. december 2023.
Smerte blev vurderet ved hjælp af den Visuelle Analoge Skala (VAS) med scores fra 0 til 10.
Deskriptiv statistik blev anvendt til at analysere forekomsten af smerte og ændringer i VAS-score med og uden analgetisk behandling.

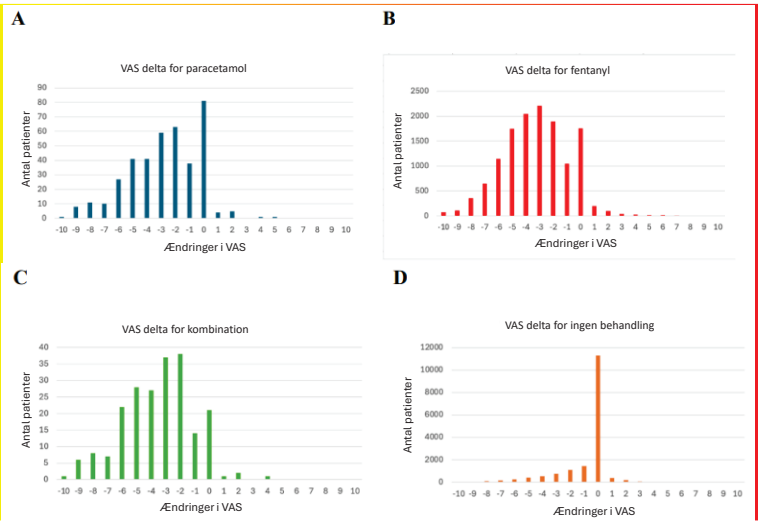
Resultater
37.279 patienter med VAS 1-10
30.393 patienter med 2 VAS registreringer

Paracetamol: 0,47% (144)
Median VAS før og efter 5 - 4

Fentanyl: 43,3% (13.156)
Median VAS før og efter: 8 - 4

Kombination: 0,81% (247)
Median VAS før og efter: 8 - 4

Ingen behandling: 55,45% (16.846)
Median VAS før og efter: 2 - 1



En stor andel af patienter med dokumenteret smerte blev enten ikke tilbudt eller afviste smertestillende. Selvom administration af fentanyl, paracetamol og kombinationsbehandling medførte en betydelig smertelindring, oversteg median VAS-score i alle behandlingsgrupper det regionale kliniske mål på ≤3.

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Den Præhospitale Virksomhed, Region Nordjylland

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Den Præhospitale Virksomhed

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Nationwide Comparison of Emergency Ambulance Use among Older and Younger Patients in Denmark from 2018 to 2024

Background

Age-related patterns in emergency service use are increasingly important for prehospital care planning, particularly considering demographic shifts toward older populations

Method

Nationwide, historical, population-based observational study. The study comprises all contacts to an Emergency Medical Coordination Centre that resulted in the dispatch of an ambulance between 1 January 2018, and 31 December 2024 (N = 3 045 902). Dispatch data were stratified by age groups older (≥65 years) versus younger (<65 years). Descriptive statistic was used analyse urgency level, presenting symptoms, and repeated use. Incidence rates were calculated per 1 000 inhabitants.

Aim

To examine trends in ambulance dispatches among older versus younger patients in Denmark from 2018 to 2024, and to assess differences in presenting symptoms, urgency levels and repeated use.

Results

Younger vs Older

Younger: 1,449,171 (47.6%)

Repeated ambulance use: 16%(2018)-15%(2024)

Incidence rates: 45(2018)-42(2024)

Most common presenting symptom: Chest pain – heart disease 12%(2018)-15%(2024)

Highest urgency level: 52%(2018)-51%(2024)

Older: 1,596,731 (52.4%)

Repeated ambulance use: 29%(2018)-27%(2024)

Incidence rates: 201(2018)-182(2024)

Most common presenting symptom: Decreased consciousness, paralysis – dizziness. 16%(2018)-22%(2024)

Highest urgency level: 38%(2018)-42%(2024)

Conclusion

Ambulance use declined across age groups, yet older adults consistently exhibited higher dispatch rates and distinct symptom profiles. These findings underscore the importance of age-sensitive triage and resource allocation in emergency medical services.

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Akut behandling ved livets afslutning
- udkørende funktion for akutmedicin i patientens hjem

Introduktion

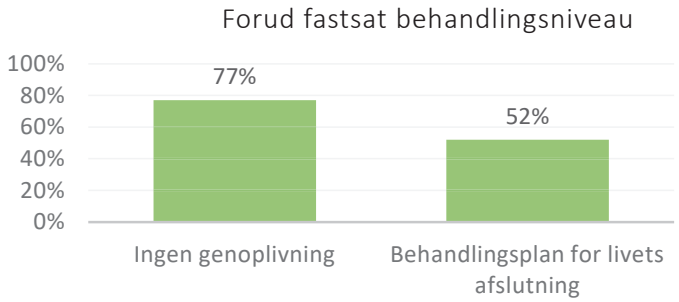
Ældre skrøbelige patienter, der udvikler en akut livstruende tilstand, bliver ofte indlagt på akutafdelingen for at få iværksat **basal akut behandling** ved **livets afslutning.** Disse indlæggelser er typisk uhensigtsmæssige for patienterne, pårørende og sundhedsvæsenet. Nogle akutafdelinger har derfor indført mobile akutmodtagelser bemandet med en akutlæge og en sygeplejerske, som kan vurdere og behandle patienterne lige så godt som på sygehuset, men i patientens eget hjem i stedet for.

Formål

Deskriptivt studie for at få overblik over patientgruppen og håndteringen af patienter med akutte terminalt behandlingsbehov via akutbilen. Desuden at vurdere, hvor mange der kan behandles hjemme.

Metode

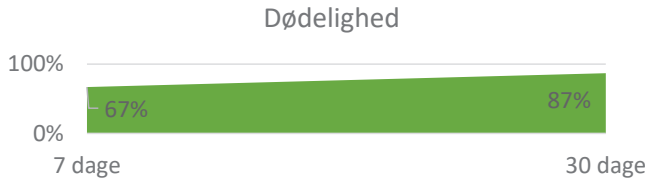
I dette retrospektive kohortestudie analyserede vi patienter, der modtog akut basal behandling ved livets afslutning i eget hjem eller plejehjem, iværksat af den mobile akutmodtagelse mellem sep. 2023 og dec. 2024 i optageområdet for Esbjerg Sygehus.



Resultater

Akutbilen gjorde det muligt for 97 % af de akut terminalt syge patienter at forblive i deres eget hjem i deres sidste dage.

MAM-bilen blev udsendt 2.147 gange og vurderede 126 patienter med behov for akut livsafsluttende behandling. Patienterne var i gennemsnit 83 år, 73 % boede på plejehjem, og 60 % havde demens. Den gennemsnitlige CFS var 7. De hyppigste kontaktårsager var infektion (34 %), bevidsthedstab (32 %) og uspecifikke symptomer (10 %). Patienterne døde efter en median på 3 dage og blev tilset i gennemsnit 2 gange af akutbilen.



Konklusion

Integration af en akutbil, der tilbyder akut basal behandling ved livets afslutning, muliggjorde behandling i patienternes eget hjem **i langt de fleste tilfælde**. Patienterne, der modtog livsafsluttende behandling fra den mobile akutbilsordning, var svært skrøbelige plejehjemsbeboere. Yderligere studier er nødvendige for at undersøge, om denne ordning – sammenlignet med indlæggelsesbaseret behandling – medfører højere tilfredshed blandt patienter og pårørende samt reducerer sundhedsudgifter.

Forfattere og tilhørsforhold

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Akut livsafsluttende behandling i eget hjem

- et studie af forskellige behandlingsmetoder

Introduktion

De fleste ældre patienter ønsker at tilbringe deres sidste dage hjemme, men mange indlægges alligevel kort før døden. Den basale akutte livsafsluttende behandling i er ofte ustruktureret, når den foregår i akutafdelingerne, og der er et mismach mellem hvad disse patienter har behov for, og hvad der kan tilbydes i en akutmodtagelse. Der er derfor behov for nytænkende modeller, der kan iværksættes akut og på tværs af sektorer.

Formål

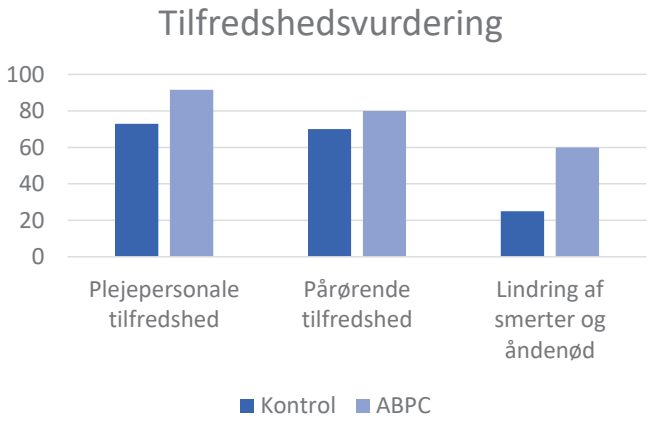
Dette pilotstudie undersøger, om **Acute Basic Palliation Concept (ABPC)** – bestående af forpakkede medicinsæt, lægetjeklister, sygeplejeværktøjer og information til patienter og pårørende – kan forbedre kvaliteten af hjemmebaseret behandling og pleje ved livets afslutning.
Vi sammenligner standardpleje med ABPC med fokus på de pårørendes og kommunale sygeplejerskers tilfredshed med symptomlindring og den samlede kvalitet.

Metode

Vi gennemfører et kohortestudie på Esbjerg sygehus i samarbejde med fire omkringliggende kommuner.
Voksne patienter (≥18 år) med uhelbredelig sygdom og forventet overlevelse ≤3 dage blev inkluderet, hvis hjemmebehandling var mulig. I alt planlægges **50 patienter: de første 25 modtager standard palliation, de næste 25 Acute Basic Palliation Concept (ABPC).** Behandlingen startes i patientens hjem af akutlæge og kommunal sygeplejerske via den mobile akutbil. Data indsamles via spørgeskemaer fra pårørende, kommunale sygeplejersker og læger.

Resultater (foreløbige)

Der er foreløbigt inkluderet **30 patienter (25 kontrol, 5 ABPC).** 91,6 % af sygeplejersker i ABPC-gruppen fandt det let at informere patienter og pårørende mod 72,9 % i kontrolgruppen. 80 % af de pårørende i ABPC-gruppen følte sig meget inddraget mod 70 % i kontrolgruppen. Tidlig data antyder bedre lindring af smerter og åndenød med ABPC, men datamængden er endnu for lille til sikre konklusioner.



Konklusion

Studiet undersøger, om struktureret akut palliation ledet af akutlæger med forud pakkede livsafsluttende kasser forbedrer livets afslutningsfase sammenlignet med standardbehandling udført af en Mobil akutenhed.
Foreløbige resultater viser en positiv tendens, og hvis modellen bekræftes effektiv, kan den blive en god løsning til hurtig assistance for livsafsluttende behandling i eget hjem.

Forfattere og tilhørsforhold

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Sundhedsvæsenets Kvalitetsinstitut

NYT INDBLIK I ANTIBIOTIKABEHANDLING AF NYFØDTE
Dansk Kvalitetsdatabase for Nyfødte (DKN)

Jesper Padkær Petersen, Simon Trautner og Heidi Ørum Cueto
På vegne af styregruppen for DKN

Antibiotika til nyfødte er nødvendig, men hvor meget er for meget?

"Dansk Sygehusmedicin-register En værdifuld datakilde"

Hvad ved vi?

Neonatale infektioner kræver hurtig behandling, mens unødvendig antibiotikaeksponering bør undgås. DKN monitorerer antibiotikaforbrug blandt indlagte nyfødte.

- Symptomer på infektion hos nyfødte er ofte uspecifikke.
- Hyppig opstart af antibiotika medfører risiko for overbehandling.
- Potentielle konsekvenser inkludere resistens, mikrobiompåvirkning og senere helbredsproblemer.
- Fokus på den samlede eksponering – ikke restriktiv opstart.

Hvad gjorde vi?

Indikatoren måler andel af mature levendefødte (≥37 gestationsuger) med >48 timers antibiotikabehandling ved første indlæggelse inden for 7 døgn efter fødslen.

Udviklingsmål ≤ 1,2%.

- Tidligere blev indikatoren estimeret på baggrund af mindre valide diagnosekoder i Landspatientregistret (LPR).
- Sygehusmedicinregisteret (SMR) muliggør direkte opgørelse af administreret medicin.
- I 2024-rapporten er antibiotikabehandling opgjort med SMR som ny datakilde.

Hvad fandt vi?

I Danmark antibiotikabehandles 1,2% af alle mature nyfødte (som er indlagt inden for 7 døgn efter fødslen) i mere end 48 timer.

- Variation mellem neonatalafsnit: 0% (Bornholm) - 2,7% (Holbæk).
- Samlet antibiotikaeksponering på landsplan: 2,0% (inkl. ≤48 timer).
- 10 neonatalafsnit og 3 regioner når endnu ikke udviklingsmålet.

Hvad tænker vi?

De første resultater peger på, at **det er realistisk at reducere variationen i antibiotikaforbrug yderligere** - både lokalt og regionalt. Gennemgribende konklusioner bør afvente flere års erfaring.

- Første år med Sygehusmedicinregisteret: mere valide data.
- Anvendelse af SMR som datakilde kan inspirere andre databaser i SundK.

Figur 1. Andelen af mature levendefødte, der antibiotikabehandles hhv. mere end 48 timer (indikatoropgørelse) og til og med 48 timer ved første indlæggelse på et neonatalafsnit, opgørelse på afsnitsniveau 2024