



# XI congresso nazionale

# simeu

**ROMA 24-26 MAGGIO 2018**

# Sistema del Emergenza-Urgenza in Albania

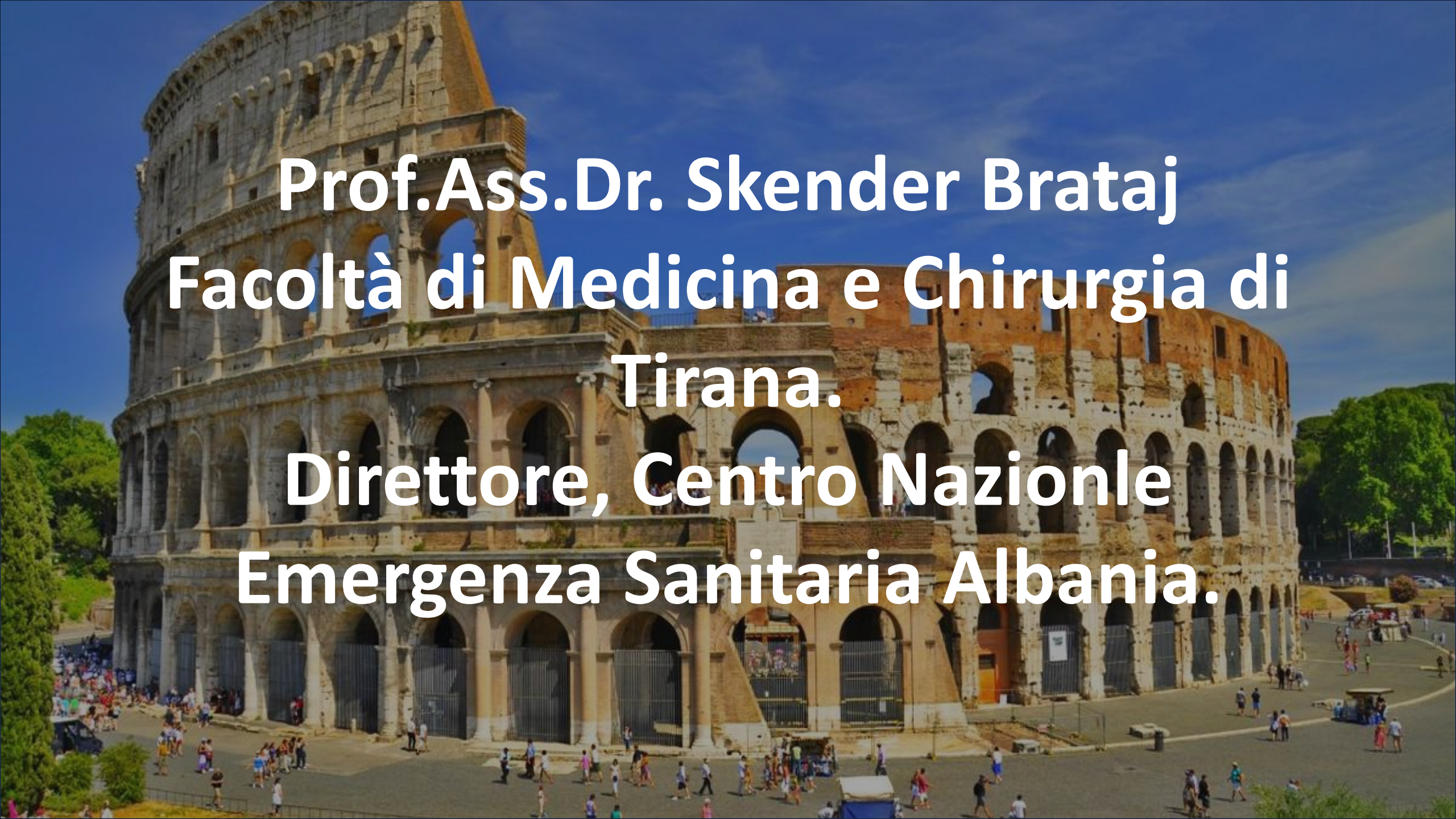


# **CENTRO NAZIONALE EMERGENZA SANITARIA ALBANIA**

## **Sistema del Emergenz-Urgenza Sanitaria in Albania**



XI congresso nazionale  
**simeu**  
ROMA 24-26 MAGGIO 2018



**Prof.Ass.Dr. Skender Brataj**  
**Facoltà di Medicina e Chirurgia di**  
**Tirana.**

**Direttore, Centro Nazionale**  
**Emergenza Sanitaria Albania.**

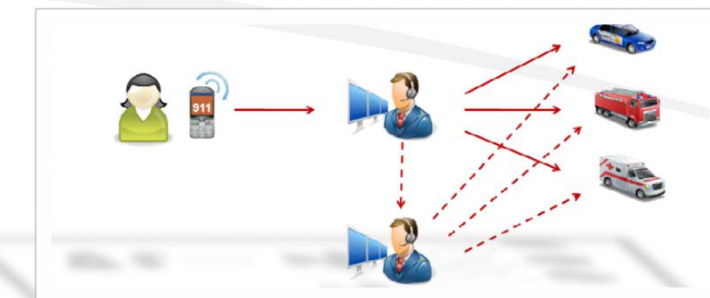
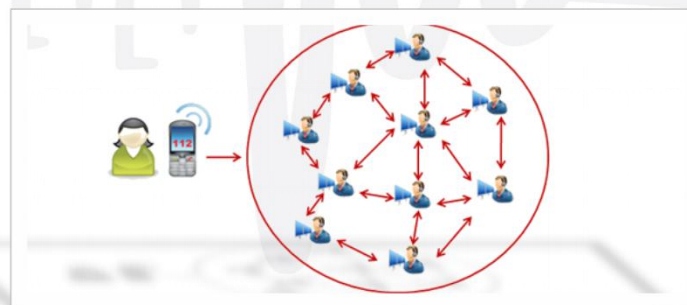
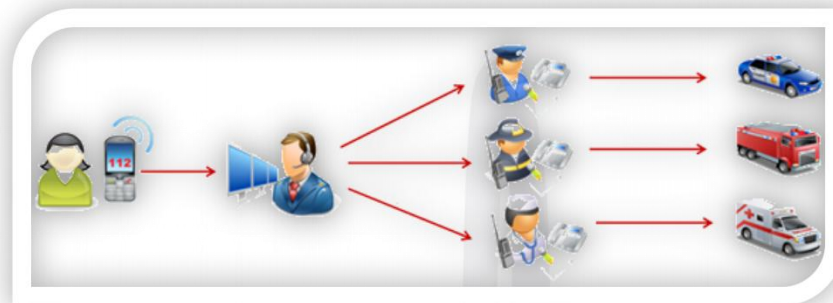
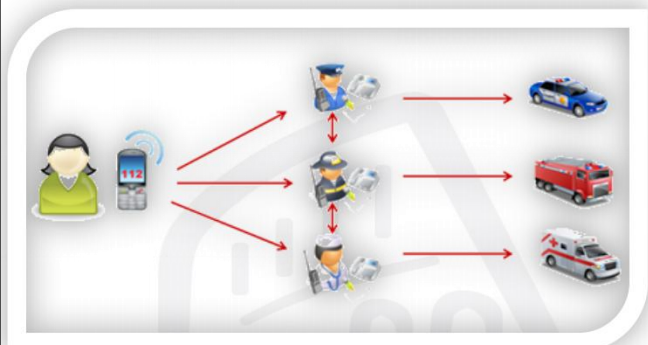


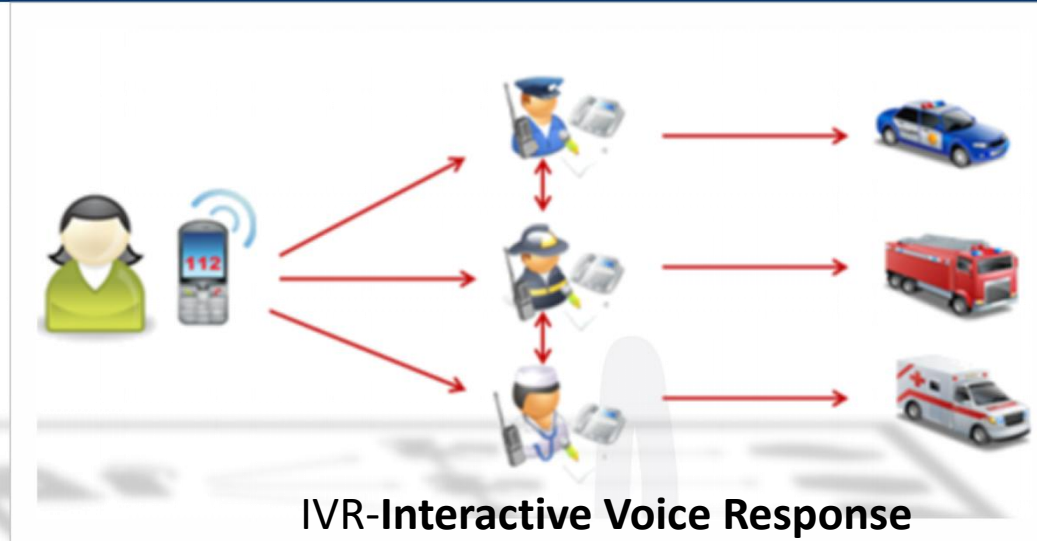
# MISIONI I URGJENCËS





# Modelli di 112





|            |
|------------|
| Austria    |
| Belgium    |
| Cyprus     |
| Denmark    |
| France     |
| Germany    |
| Italy      |
| Latvia     |
| Malta      |
| Norëay     |
| Serbia     |
| Slovenia   |
| Sëtzerland |

- Le chiamate verso **112** si transferiscono in uno dei centrali operative (polizia, sanità, vigili del fuoco)
- Se e neccessario lintervento di un altro servizio di emergenza che non e quello che riceve la chiamata, si fa il trasferimento di chiamata alla centrale corrispondente.





|                |
|----------------|
| Albania        |
| Croatia        |
| Greece         |
| Hungary        |
| Iceland        |
| Ireland        |
| Lithuania      |
| Luxembourg     |
| Montenegro     |
| Netherlands    |
| Poland         |
| Romania        |
| United Kingdom |

- **Un centro unico dispatch che riceve tutte le chiamate e gli distribuisce alle centrali di appartenenza come(polizia, vigidili del fuoco, sanità.)**
- **Gli operatori che ricevono le chiamate chiedono solo per Il tipo di urgenza e fanno il trasferimento nella centrale operative di appartenenza.**
- **Dispatch/valutazione e la raccolta dei dati viene fatta dai**



|           |
|-----------|
| Estonia   |
| Georgia   |
| Macedonia |

- **Un centro unico che riceve tutte le chiamate, e si trasferisce a professionista del servizio di appartenenza.**
- **Gli operatori che ricevono le chiamate e tutti i professionisti dei servizi di emergenza (sanità, polizia, VV.F ) si trovano nella stessa centrale unica.**
- **Gli operatori fanno la classificazione della chiamata e gli trasferiscono ai specialist di competenza i quali fanno la raccolta dati.**

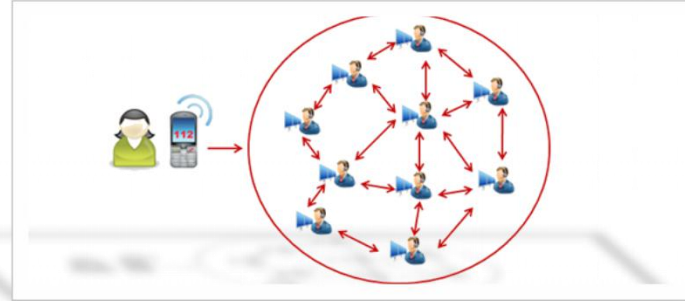
- **Dispatch e gestione viene fatto dai specialisti del servizio di**



|          |
|----------|
| Finland  |
| Moldova  |
| Portugal |
| Sëeden   |

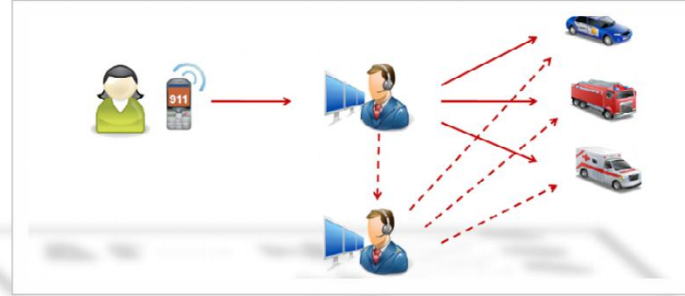
- **Un centro unico che riceve tutte le chiamate.**
- **Gli operatori che ricevono le chiamate, fanno la raccolta datti, la valutazione e la gestione dei servizi.**
- **Dispatch e gestione si fa da centro unico.**





Bulgaria

- **La chiamata finisce nella centrale operativa piu vicina libera.**



**USA**

- **Il Sistema prevede due centrali operative al sistema redundante, dove tutte e due ricevono le chiamate e dopo la selezione gli trasferiscono ai servizi di appartenenza (sanità, polizia, WW.F)**

112

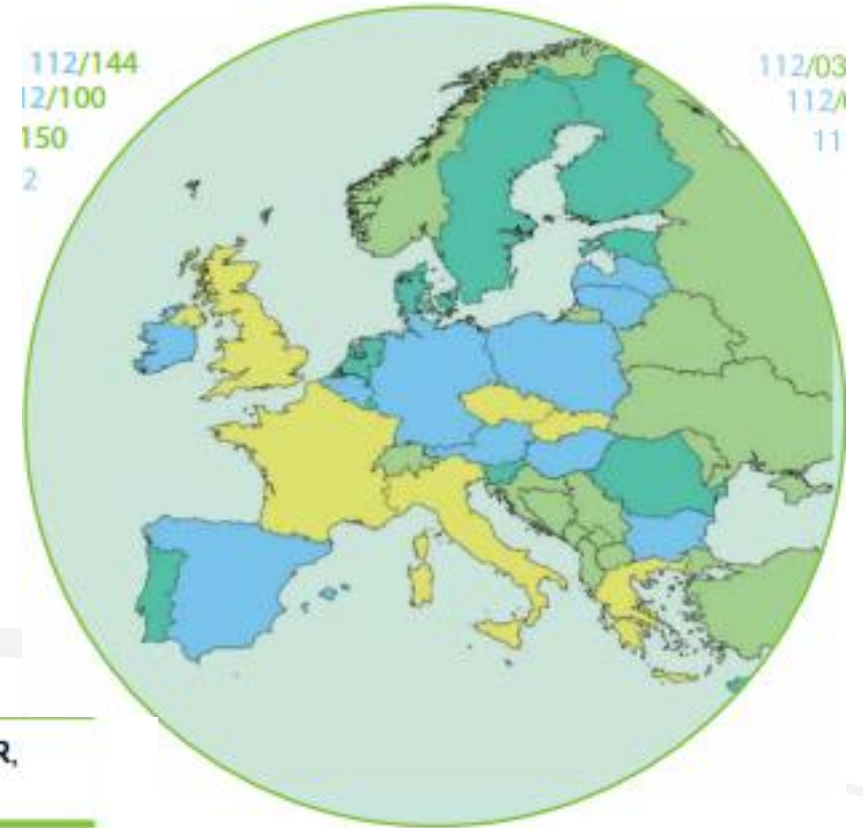


### 18 Paesi

Trasferiscono la chiamata per la valutazione sanitaria.

### 10 Paesi

Fanno la valutazione sanitaria senza trasferimento di chiamata alla c.o 118.



Countries where 112 is the only telephone number to call in case of medical emergencies **10**

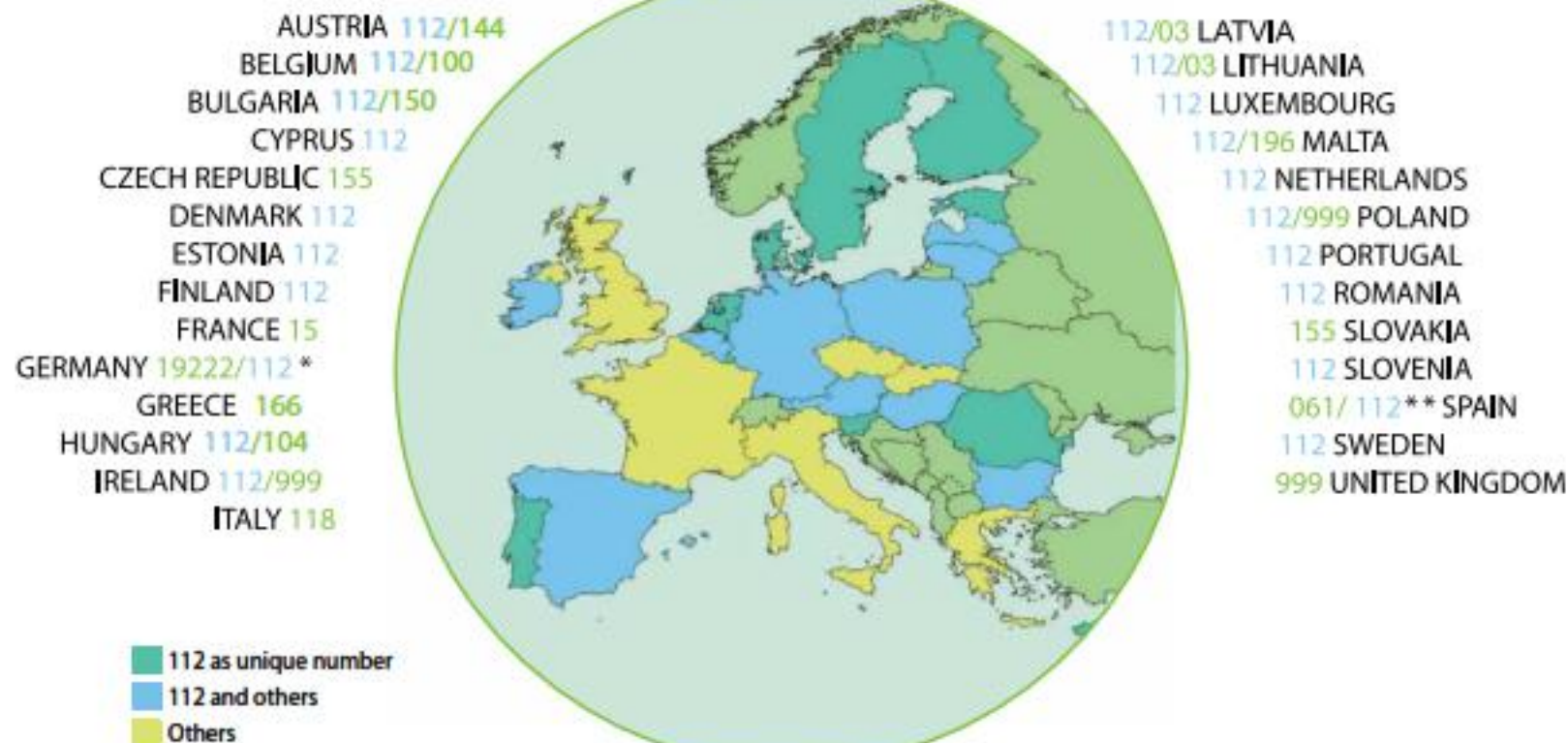
Countries where 112 is the only telephone number to call in case of medical emergencies in some regions or federal states **2**

- CYP, DEN, EST, FIN, LUX, NET, POR, ROM, SVN, SWE
- DEU, SPA



## EMERGENCY NUMBER

National telephone number for medical emergencies



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



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## DISPATCH CENTRES

Total number and interconnectivity

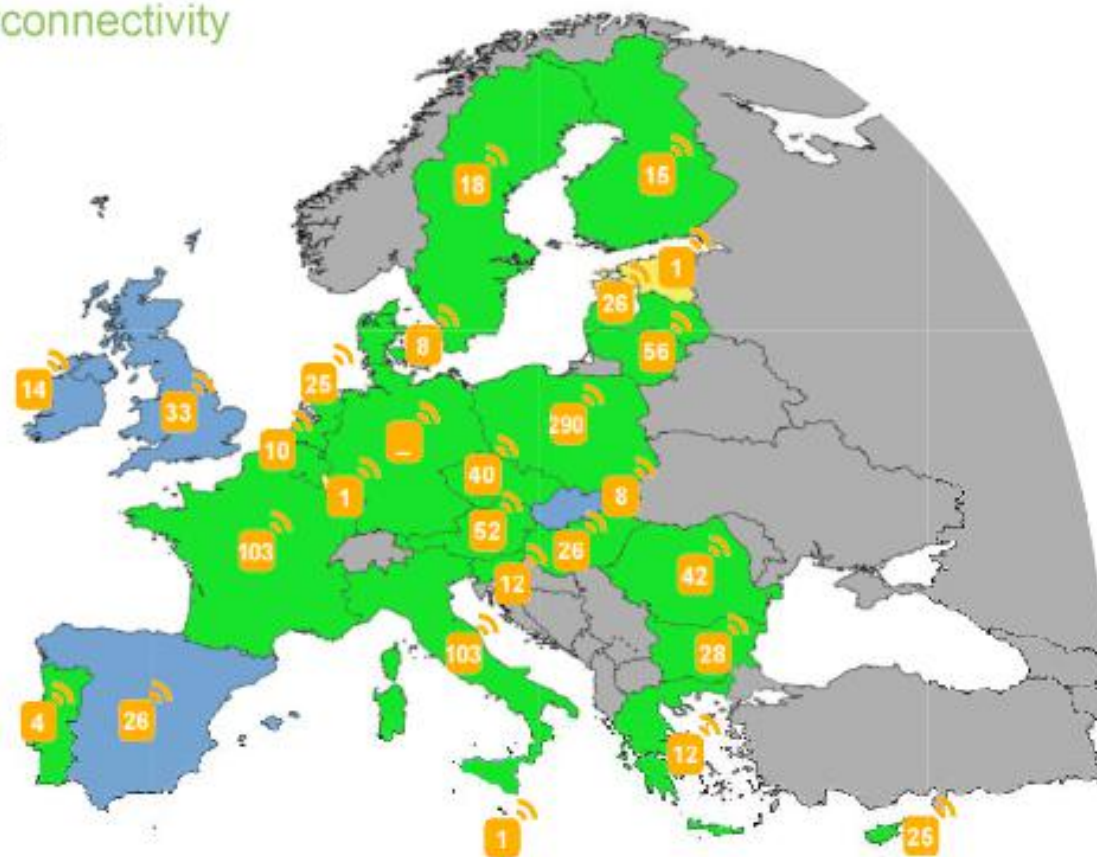
Interconnectivity

Yes ■

No ■

Not applicable ■

Dispatch Centres N°



Interconnectivity between dispatch centres



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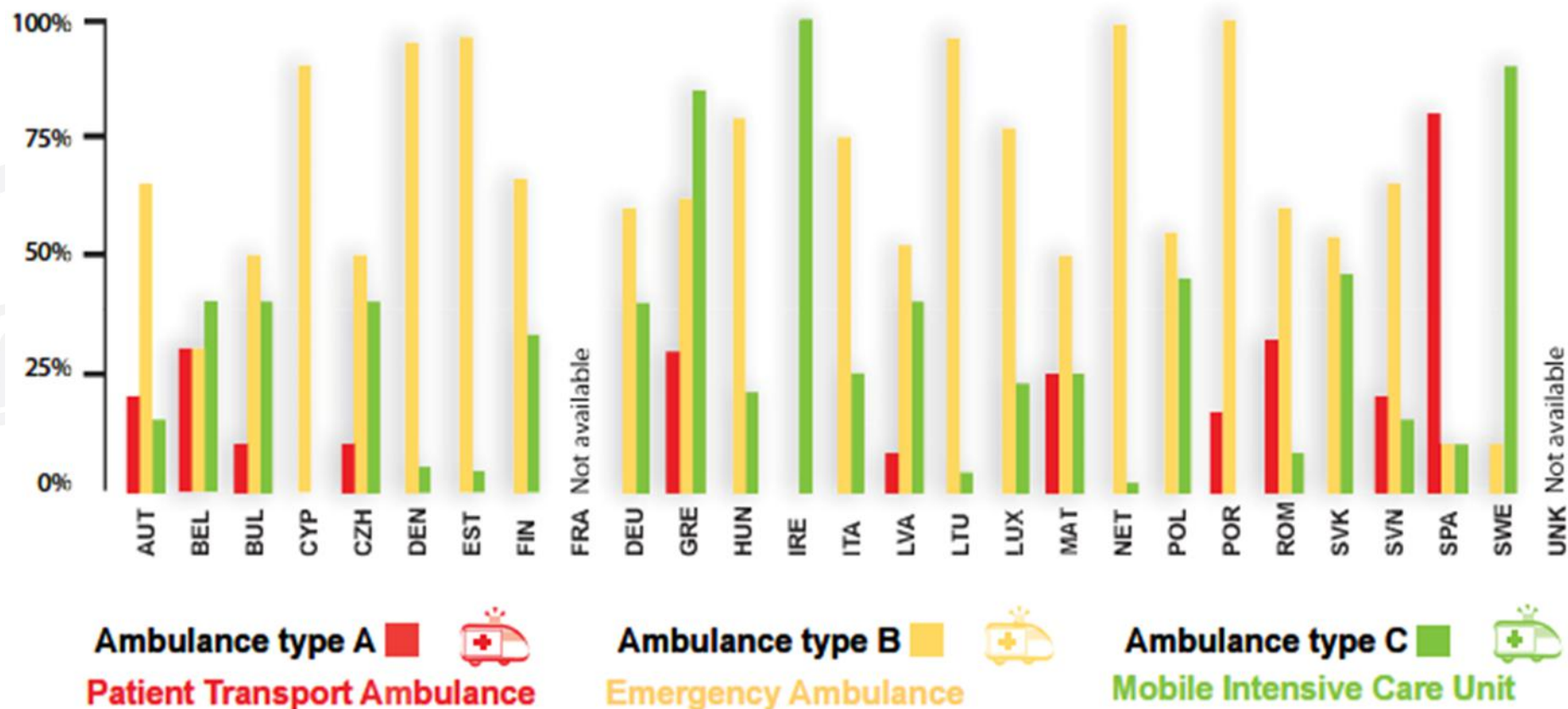


## EMERGENCY VEHICLES

### Medical equipment available in other emergency services vehicles

|                                                   | Police | Fire Brigade | Volunteers | Other |
|---------------------------------------------------|--------|--------------|------------|-------|
| Cervical collars                                  | 2      | 16           | 9          | 3     |
| Oxygen                                            | 1      | 16           | 7          | 3     |
| Suction unit                                      | 1      | 9            | 7          | 2     |
| Aut external defibrillator (AED)                  | 4      | 12           | 8          | 4     |
| Manual resuscitator                               | 2      | 11           | 9          | 2     |
| Other medical equipment                           | 5      | 12           | 10         | 5     |
| Functional co-ordination with EMS dispatch centre | 13     | 18           | 8          | 5     |

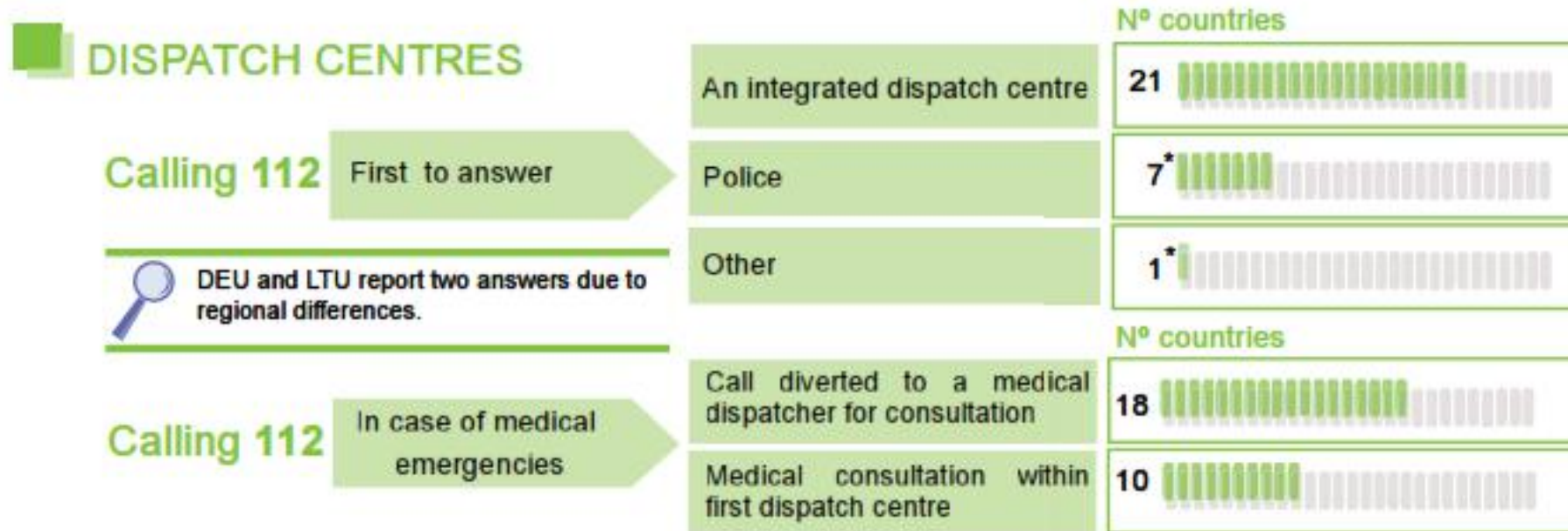
## Percentage of types of emergency vehicles





21 Paesi hanno Centrale Operativa 112

7 Paesi hanno la Centrale unica e viene gestito dalla polizia 112



### Access to 112 emergency number

Free of charge

27

Free of area code

27

English generally spoken during calls

24

Minority languages generally spoken during calls

12



# VKM e Urgjencës Mjekësore

Ligji Nr. 147/2014, datë **30.10.2014**,  
“**PËR SHËRBBIMIN E URGJENCËS MJEKËSORE**”

Vendim i Këshillit të Ministrave, Nr. **933, 29.12.2014**, “Për miratimin e strukturës organizative të **QENDRËS KOMBËTARE TË URGJENCËS MJEKËSORE**”

Vendim i Këshillit të Ministrave, Nr. **250, 30.03.2016**, “Për ndryshimin e strukturës organizative të **QENDRËS KOMBËTARE TË URGJENCËS MJEKËSORE**”



# Ligji 147/2014

- QKUM e un sistema che coordina
- Specifica la tipologia delle ambulance
- Specifica i standart del emergenza preospedaliera e poliambulatori
- Mete i standart nei pronti soccorsi dei ospedali

# Ligji 147/2014

- Organizzazione del servizio emergenza-sanitaria
- QKUM e l'istituzione responsabile che dipende dal ministero
- Ha la sua struttura organizzativa

Mete i standard in tutti settori di:

- Medicina generale
- Emergenza ospedaliera
- Emergenza ospedaliera universitaria
- Emergenza ospedaliera universitaria di trauma



# Ligji 147/2014

## La Centrale Operativa Njesia e Koordinimit

- E parte dell QKUM
- Fa il comando e controllo
- Si rapporta con gli altri servizi di emergenza.

# Ligji 147/2014

I standart del emergenza sanitaria negli poliambulatori.

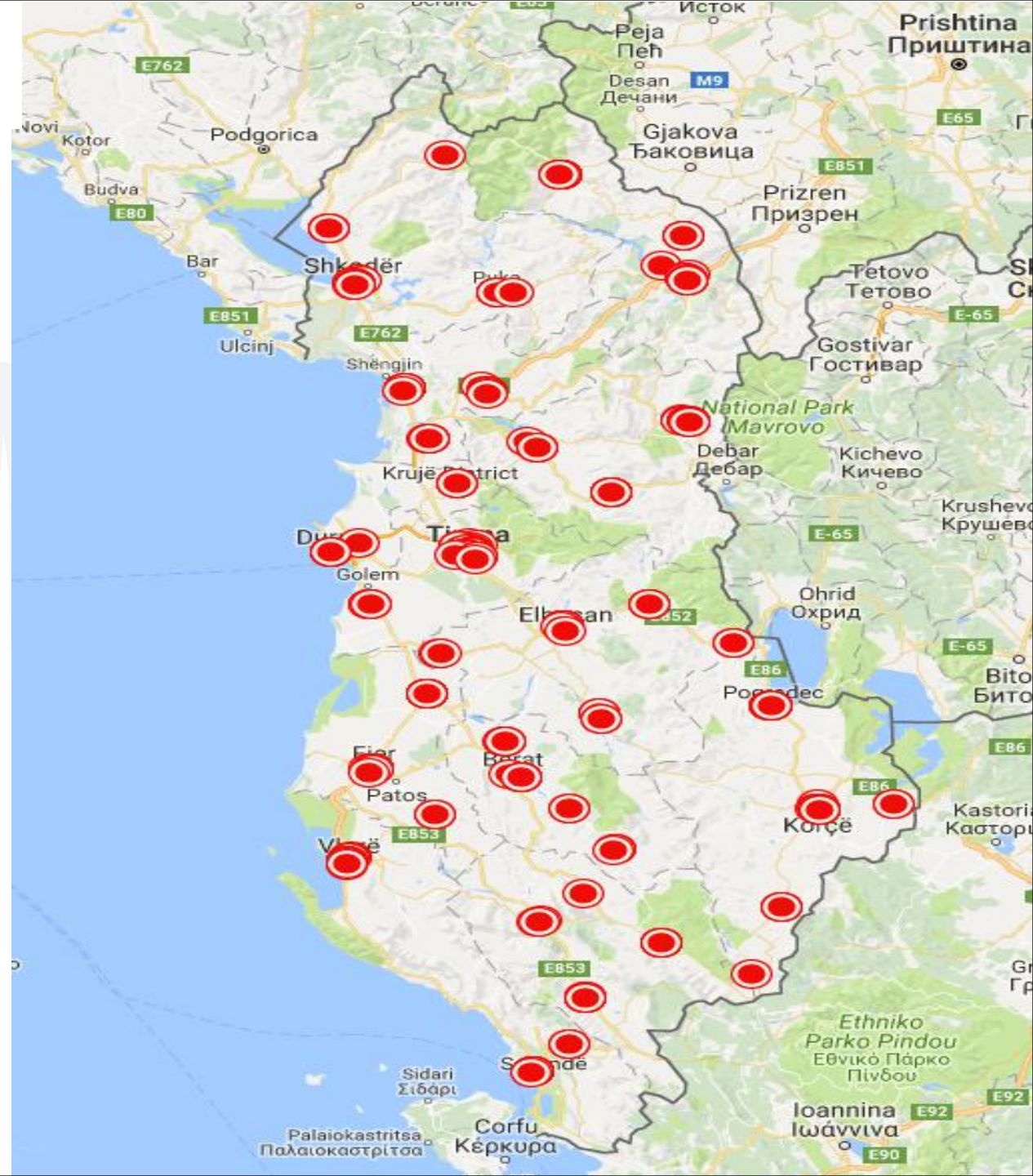
- Q.SH 415 ne Shqiperi
- La distribuzione.
- Primo soccorso.
- I standart degli poliambulatori.

# Personeli I SHUM

- Soccorritore.
- Il programma formativo.
- I corsi di primo soccorso e BLSD.
- Infermiere
- Medico

# Gjurmimi Satelitor Me GPS

|                            |           |
|----------------------------|-----------|
| Misione                    | 1.000.006 |
| Nr.Ambulancave             | 218       |
| Monitorohet me GPS         |           |
| Distanca për çdo Ambulancë |           |
| Vendndodhja në kohë reale  |           |
| Koha e nisjes              |           |
| Koha e mbërritjes          |           |
| Shpejtësia                 |           |





## INSPEKTORIATI SANITAR SHITETËROR

[illegible]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|----------------|----|----|----|----|----|----|----|----|
| Nr.serisë _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Ministria e Shëndetësisë</b>                                                                                                                                                  | Skeda Nr. _____                                                                                    | <br>ID: _____    |                                                                                                       | <b>127</b><br> |    |    |    |    |    |    |    |    |
| Adresa: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                  | Qyteti/Fshati: _____                                                                               |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| Vendndodhja në territor: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  | Qyteti/Fshati: _____                                                                               |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| Pacienti: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rezident: Qytet/Fshati _____ rruga _____                                                                                                                                         |                                                                                                    | Nr.              | <input type="text"/>                                                                                  |                |    |    |    |    |    |    |    |    |
| Kodi i Nisjes<br><div style="display: flex; justify-content: space-around; width: 100px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nisja <input type="button" value="🕒"/> Mbërritja <input type="button" value="🕒"/> Nisja për H. <input type="button" value="🕒"/> Mbërritja në H. <input type="button" value="🕒"/> |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>Vlerësimi</b><br>Frekuenca Kardiake _____<br>Frekuenca Respiratore _____<br>SpO2 _____<br>Presioni Arterioz _____<br>Glicemia _____<br>Temperatura _____<br>Vigjilencia <table style="display: inline-table; vertical-align: middle;"><tr><td>PO</td><td>IO</td></tr><tr><td>PO</td><td>IO</td></tr><tr><td>PO</td><td>IO</td></tr><tr><td>PO</td><td>IO</td></tr></table> _____<br>Stimoli vocal _____<br>Stimoli I dhembjes _____<br>Koshtienca _____<br>GCS/PGCS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                | PO | IO | PO | IO | PO | IO | PO | IO |
| PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IO                                                                                                                                                                               |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IO                                                                                                                                                                               |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IO                                                                                                                                                                               |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IO                                                                                                                                                                               |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>Mbërritje</b> <input type="button" value="🕒"/> <input type="text"/> : <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                  | <b>Mbas Trajtimit</b> <input type="button" value="🕒"/> <input type="text"/> : <input type="text"/> |                  | <b>Gjatë Transportit</b> <input type="button" value="🕒"/> <input type="text"/> : <input type="text"/> |                |    |    |    |    |    |    |    |    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>Kodi i Mbërritjes</b><br/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="width: 60%;"> <b>VIZITA MJEKËSORE</b><br/> <u>Simptomat:</u> _____<br/>           _____<br/>           _____<br/> <u>Anamneza:</u> _____<br/>           _____<br/>           _____<br/> <u>E.O:</u> _____<br/>           _____<br/>           _____<br/> <u>Terapia:</u> _____<br/>           _____<br/>           _____<br/>           Firma e Pacientit/P.Ligjor kur refuzon trajtimin ose transportin në Spital _____         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>Respiracioni</b><br/> <input type="checkbox"/> O2 Terapia<br/> <input type="checkbox"/> AMBU<br/> <input type="checkbox"/> Intubacioni Në _____<br/> <input type="checkbox"/> IPPV<br/> <input type="checkbox"/> FIO 2 _____<br/> <b>Manovra terapeutike</b><br/> <input type="checkbox"/> RKP<br/> <input type="checkbox"/> Imobilizim i Gjymtyrëve<br/> <input type="checkbox"/> Drenazh Torakal<br/> <input type="checkbox"/> Barrel(Luga)<br/> <input type="checkbox"/> SNG<br/> <input type="checkbox"/> Defibrilimi. Në Shok         </div> <div style="width: 60%;"> <b>Qarkullimi</b><br/> <input type="checkbox"/> Periferike Në _____<br/> <input type="checkbox"/> Qëndror<br/> <input type="checkbox"/> Kristaloide ml. _____<br/> <input type="checkbox"/> Koloide ml.<br/> <input type="checkbox"/> Tjetër _____<br/> <input type="checkbox"/> KED<br/> <input type="checkbox"/> Barrel Spinale<br/> <input type="checkbox"/> Emostazë<br/> <input type="checkbox"/> Kollare/Qafore _____         </div> </div>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>Kodi mbas Trajtimit</b><br><input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>DINAMIKA</b><br><div style="display: grid; grid-template-columns: repeat(4, 1fr); gap: 5px;"> <div>1 <input type="checkbox"/> Këmbezor</div> <div>6 <input type="checkbox"/> Tren/tram</div> <div>11 <input type="checkbox"/> Rënie</div> <div>16 <input type="checkbox"/> I Vetvësuar</div> <div>20 <input type="checkbox"/> Policia</div> <div>2 <input type="checkbox"/> Moto/Bicli</div> <div>7 <input type="checkbox"/> Mjet Ajror</div> <div>12 <input type="checkbox"/> Intoksikim</div> <div>17 <input type="checkbox"/> Plagosje me armë</div> <div>21 <input type="checkbox"/> Zjarrefikësit</div> <div>3 <input type="checkbox"/> Auto</div> <div>8 <input type="checkbox"/> Dalje nga rruga</div> <div>13 <input type="checkbox"/> I mbytur</div> <div>18 <input type="checkbox"/> Plagosje me prerje</div> <div>22 <input type="checkbox"/></div> <div>4 <input type="checkbox"/> Kamion/Autobuz</div> <div>9 <input type="checkbox"/> Shembje/Shtypje</div> <div>14 <input type="checkbox"/> I djegur</div> <div>19 <input type="checkbox"/> Shpërthim</div> <div>23 <input type="checkbox"/></div> <div>5 <input type="checkbox"/> Mjet i rëndë</div> <div>10 <input type="checkbox"/> Rënie nga lartësi</div> <div>15 <input type="checkbox"/> Zenie Korrenti</div> <div>24 <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -20px;"> <input type="radio"/> Kashtë Motorri    <input type="radio"/> Rrip Sigurimi         </div> |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>Kodi Final</b><br><input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  | <b>Hipoteza Diagnostike</b> _____<br>_____                                                         |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| <b>Rezultati Përfundimtar:</b> <input type="checkbox"/> Dërguar në Spital _____ <input type="checkbox"/> Dërguar Mjekut të Familjes/Sh.Parësor _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| Konstatimi i vdekjes: Në Orën _____ Data _____ Konstatohet Vdekja e _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| Firma e mjekut _____ Identifikimi i pacientit ID. Nr. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                    |                  |                                                                                                       |                |    |    |    |    |    |    |    |    |
| Mjeku _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                    | Infermieri _____ |                                                                                                       |                |    |    |    |    |    |    |    |    |



# Kodifikimi

## 1. Ngjyra

B – Bardhë

J- Jeshile

V- Verdhë

K- Kuqe

## 2. Lloji i

sëmundjes

1.Traumatike

2.Kardiologjike

3.Respiratore

4.Neurologjike

5.Psikiatrike

6.Neoplazike

7.Intoksikim

8.Tjetër

9.E paidentifikuar

## 3.Lokalizimi

Sh- Shtëpi

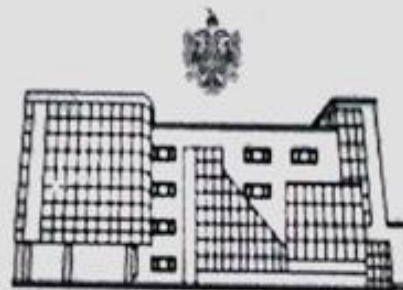
Rr- Rruga

P- Publik

Q- Shkolle

Y- Qendër sportive

|                                                                                                                                                                                                       |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nr. serisë<br><b>0209901</b>                                                                                                                                                                          | Ministria e Shëndetësisë<br>Q.K.U.M-- NJ.K.<br>SH.U.M.127/112. <b>TIRANE</b> | Skeda Nr.<br><b>246848</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Data<br><b>17/11/2015</b> | ID: <b>Too1</b>                                                                                                                                                                                                                                                                                                         | <b>127</b> |                                                                                                                                                                                                                                                                                                                                      |
| Adresa: <b>BULEVARDI B. CURRI 1</b>                                                                                                                                                                   |                                                                              | Qyteti/Esheti: <b>TIRANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Vendndodhja në territor: <b>PERSONI DE KONTAKTON ?</b>                                                                                                                                                |                                                                              | Qyteti/Esheti: <b>TIRANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Pacienti: <b>EMER MBIEMER</b>                                                                                                                                                                         |                                                                              | Rezident: Qytet/Esheti: <b>DIVJAKE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | rruga: _____ Nr. _____                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                                                                                                                                                                                                                      |
| Kodi i Nisjes: <b>V 2 SH</b>                                                                                                                                                                          |                                                                              | Nisja: <b>9.00</b> Mbërritja: <b>9.10</b> Nisja për H: <b>9.40</b> Mbërritja në H: <b>10.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| <b>Vlerësimi</b><br>Frekuenca Kardiake<br>Frekuenca Respiratore<br>SpO2<br>Presioni Arterioz<br>Glicemia<br>Temperatura<br>Vigjilencia<br>Stimoli vocal<br>Stimoli i dhembjes<br>Koshenca<br>GCS/PGCS |                                                                              | Mbërritje: <b>9.2</b><br><b>18</b><br><b>92</b><br><b>160/90</b><br><b>98</b><br><b>36.5</b><br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | Mbas: <b>80</b><br><b>14</b><br><b>98</b><br><b>130/80</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |            | Gjatë Transportit: <b>80</b><br><b>14</b><br><b>99</b><br><b>120/80</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Kodi i Mbërritjes: <b>V 2 SH</b>                                                                                                                                                                      |                                                                              | <b>VIZITA MIJEKËSORE</b><br>Simptomat: <b>DHIMBJE GJOKSI, KRAHU I MAJTE, AHE E SHAPINES PRET DY ORESH. DIJERSITIE, DISPNEA. DHIMBJE KONSTANTE SI PESHE NE GJOKS</b><br>Anamneza: <b>PER TENSION ARTERIAL, IPERLIPIDEMI, ISHEMI MIOKARDI INFERIORE PARA DY VIJETESH.</b><br>EO: <b>E.O.P. RANTOLI NE BAZAT PULMONARE, EDK. TONET PITMIKE EKG. RITEM SINUZAL. ST I MBINIVELUAR NE REGIONIN ANTERIOR (V1-V5) ABDOMENI I LIRE PA DHIMBJE</b><br>Terapia: <b>NATISPRAY 1 PUF S.L. ASPIRINA 300mg PLAVIX 600mg. HEPARINA 5000 UI. VENITRIN 3 AMPULA NE 250 ml. SOLUCION ENOLOGJIK</b><br>Firma e Pacientit/P. Ligjor kur refuzon trajtimin ose transportin në Spital                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Kodi mbas Trajtimit: <b>V 2 SH</b>                                                                                                                                                                    |                                                                              | <b>DINAMIKA</b><br>1 <input type="checkbox"/> Këmbësor 6 <input type="checkbox"/> Tren/tram 11 <input type="checkbox"/> Rënie 16 <input type="checkbox"/> Vetvarur<br>2 <input type="checkbox"/> Moto/Bicli 7 <input type="checkbox"/> Mjet Ajror 12 <input type="checkbox"/> Intoksikim 17 <input type="checkbox"/> Plagosje me armë<br>3 <input type="checkbox"/> Auto 8 <input type="checkbox"/> Dalje nga rruga 13 <input type="checkbox"/> I mbytur 18 <input type="checkbox"/> Plagosje me prerje<br>4 <input type="checkbox"/> Kamion/Autobuz 9 <input type="checkbox"/> Shëmbje/Shtypje 14 <input type="checkbox"/> I djegur 19 <input type="checkbox"/> Shpërthim<br>5 <input type="checkbox"/> Mjet i rëndë 10 <input type="checkbox"/> Rënie nga lartësi 15 <input type="checkbox"/> Zënie Korrenti <input type="checkbox"/> Kaskë Motorri <input type="checkbox"/> Rrip Sigurimi |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Kodi Final: <b>V 2 SH</b>                                                                                                                                                                             |                                                                              | Hipoteza Diagnostike: <b>SKA (SINDROMA KORONARE AKUTE) INFART ANTERIOR.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Rezultati Përfundimtar: <input checked="" type="checkbox"/> Dërguar në Spital <b>ASUT</b> <input type="checkbox"/> Dërguar Mjekut të Familjes/Sh. Parësor                                             |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Konstatimi i vdekjes: Në orën _____ Data _____ Konstatohet vdekja e _____                                                                                                                             |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Firma e mjekut _____ Identifikimi i pacientit ID. Nr. _____                                                                                                                                           |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |
| Mjeku <b>Brotag</b> _____ Infermieri _____                                                                                                                                                            |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                                                                                      |



REPUBLIKA E SHQIPËRISE  
MINISTRIA E SHËNDETËSISË

QENDRA KOMBËTARE E URGJENCËS MJEKËSORE  
SHËRBIIMI I EMERGJENCËS TERRITORIALE

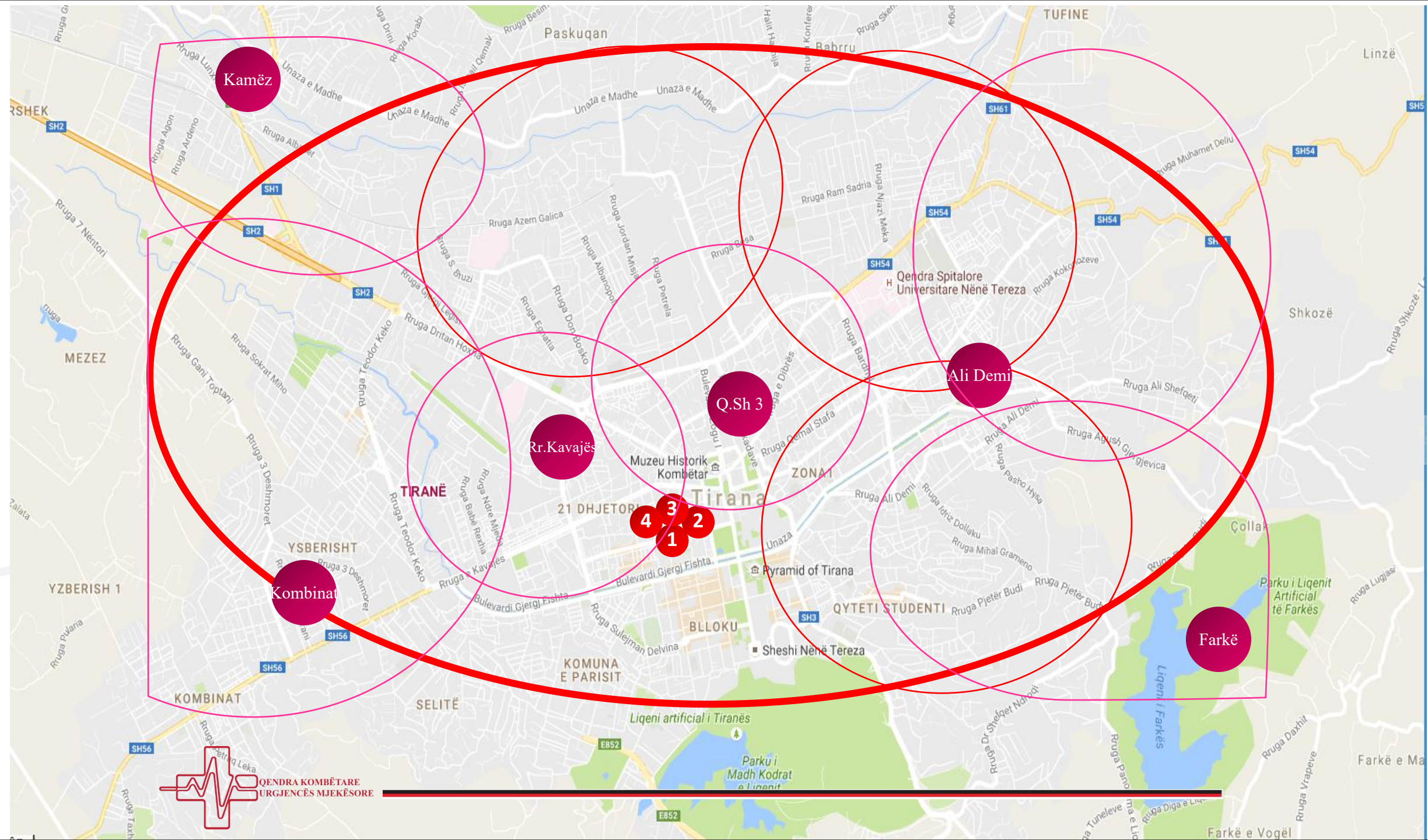
127



XI congresso nazionale  
**simeu**  
ROMA 24-26 MAGGIO 2018



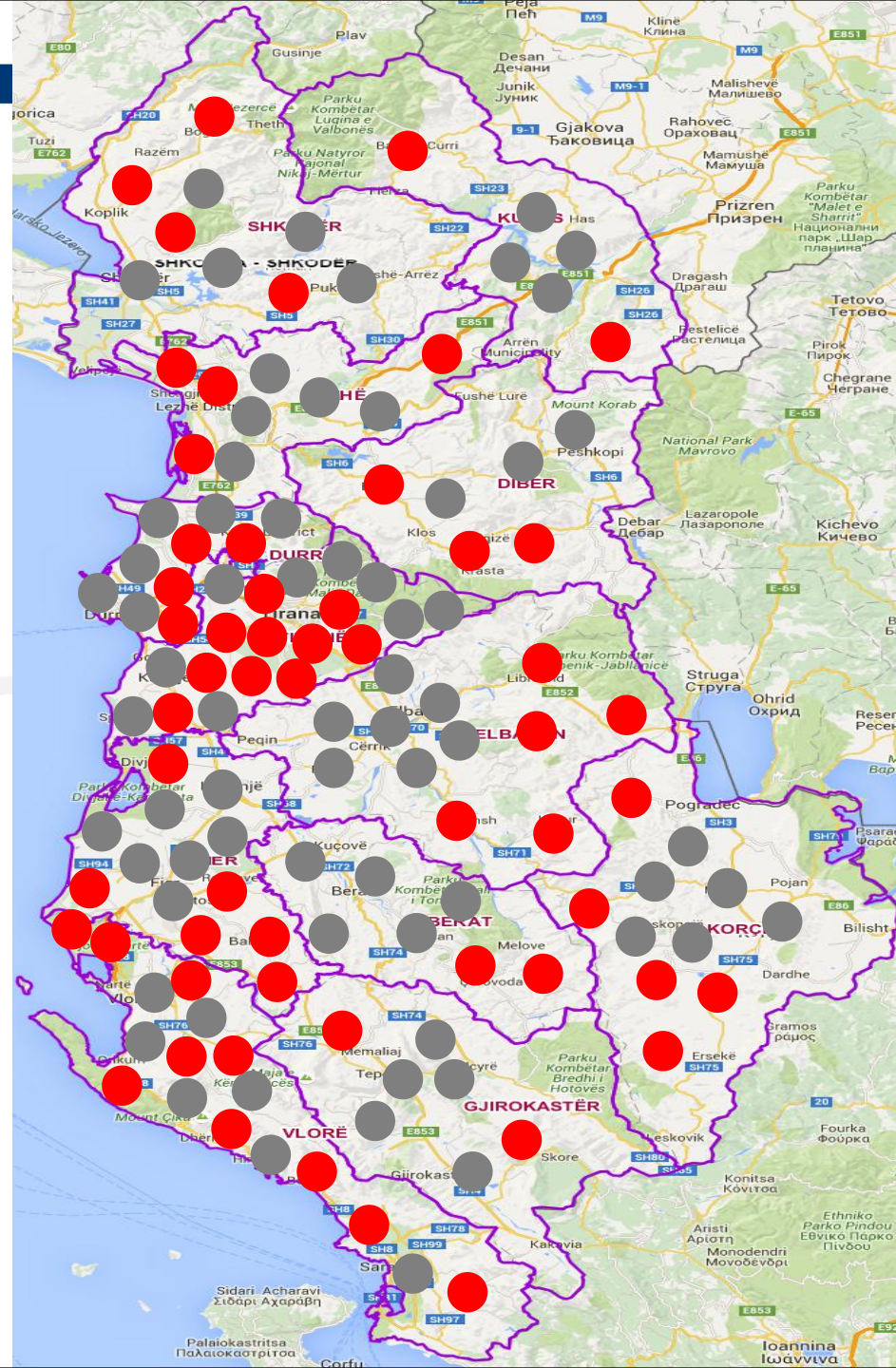






1 Amb / 41.200 Banorë

1 Amb / 22.700 Banorë



Nr.70  
Nr.127



XI congresso nazionale  
**simeu**  
ROMA 24-26 MAGGIO 2018



# Misionet në 12 Qarqet për vitin 2016

| Qarku          | Urgjencat e spitaleve | Urgjenca paraspitalore | Transferime ndërspitalore |
|----------------|-----------------------|------------------------|---------------------------|
| 1. Berat       | 59.671                | 44.38                  | 1.293                     |
| 2. Elbasan     | 20.371                | 24.36                  | 852                       |
| 3. Shkoder     | 28.100                | 23.70                  | 1.113                     |
| 4. Fier        | 82.790                | 12.637                 | 1.173                     |
| 5. Vlore       | 75.809                | 66.83                  | 1.298                     |
| 6. Gjirokaster | 25.825                | 1.156                  | 326                       |
| 7. Korce       | 97.758                | 4.535                  | 1.574                     |
| 8. Kukes       | 33.294                | 269                    | 873                       |
| 9. Lezhe       | 35.237                | 1.573                  | 1.272                     |
| 10.Durres      | 67.522                | 5.820                  | 2.100                     |
| 11.Diber       | 19.980                | 3.300                  | 1.200                     |
| 12.Tiranë      | 377.381               | 59.911                 | 10.981                    |
| <b>TOTAL</b>   | <b>877.521</b>        | <b>105.128</b>         | <b>24.055</b>             |

# Misionet 1 Janar – 31 Dhjetor 2016 në Shqipëri

|                                     |                  |
|-------------------------------------|------------------|
| Accessi al pronto soccorso.         | 877.521          |
| Emergenza sanitaria preospedaliera. | 105.128          |
| Trasferimenti interospedaglieri.    | 24.055           |
| <b>Totali</b>                       | <b>1.006.704</b> |

**Perche la C.O ?????**

- 877.521 non hanno chiesto l'aiuto al sistema sanitario.
- 129.183 hanno chiesto l'aiuto sanitario.
- 1.006.704 nuk është njoftuar spitali përkatës

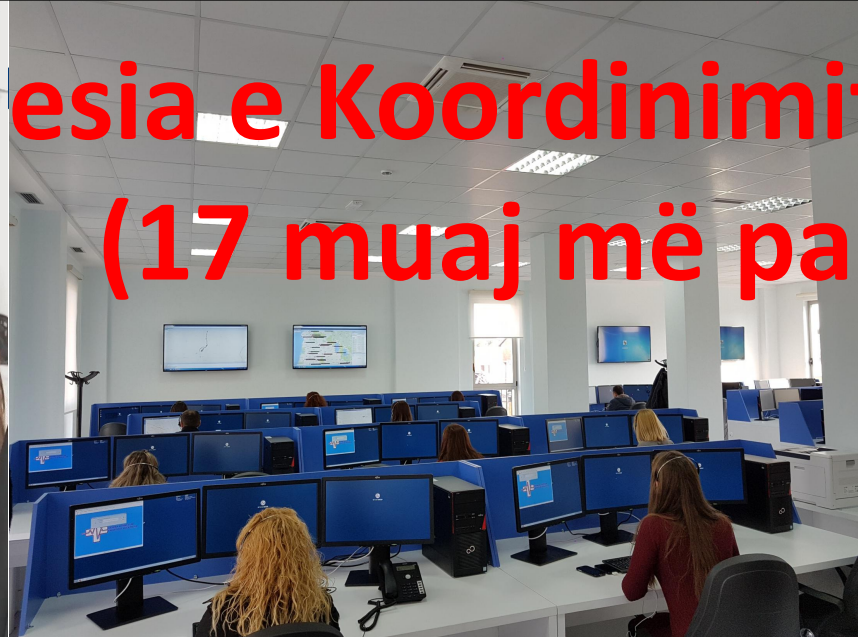
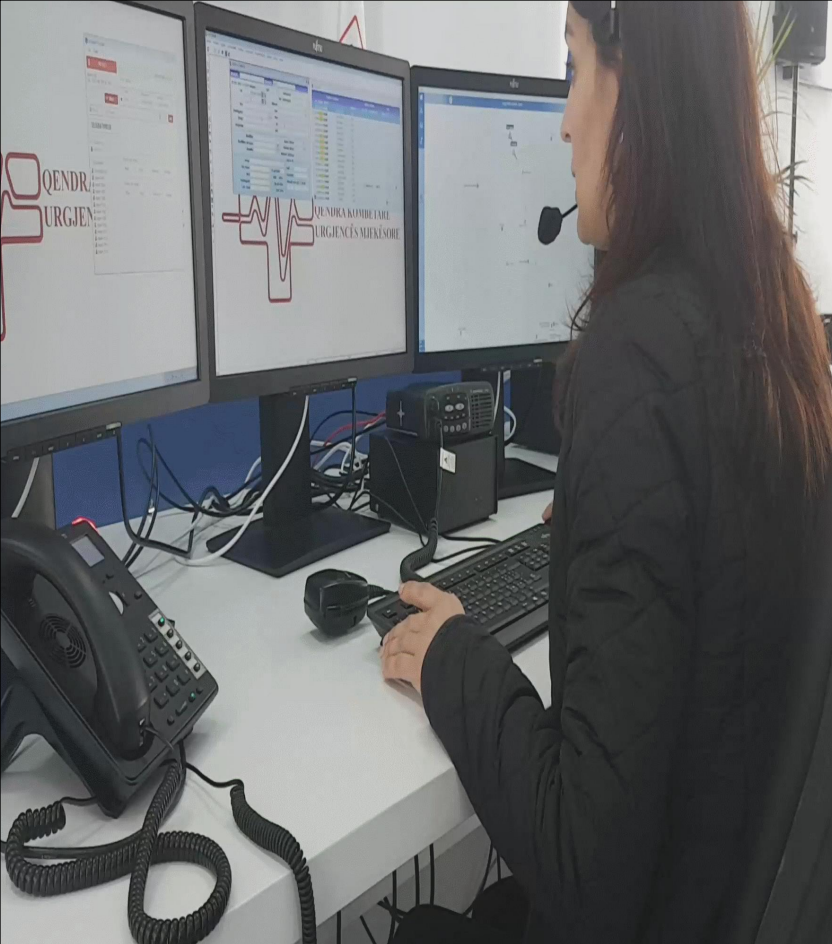


# Ligji 147/2014

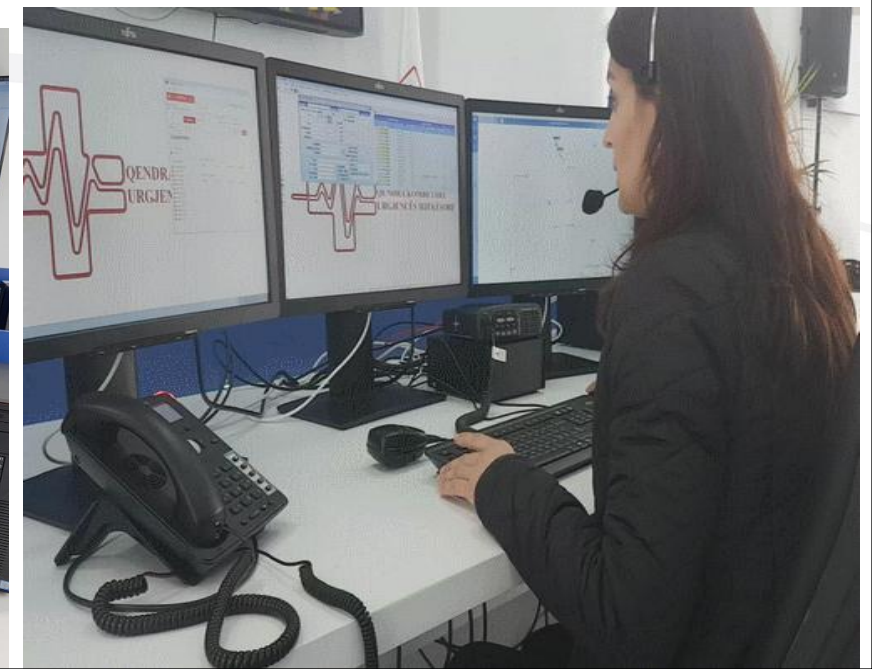
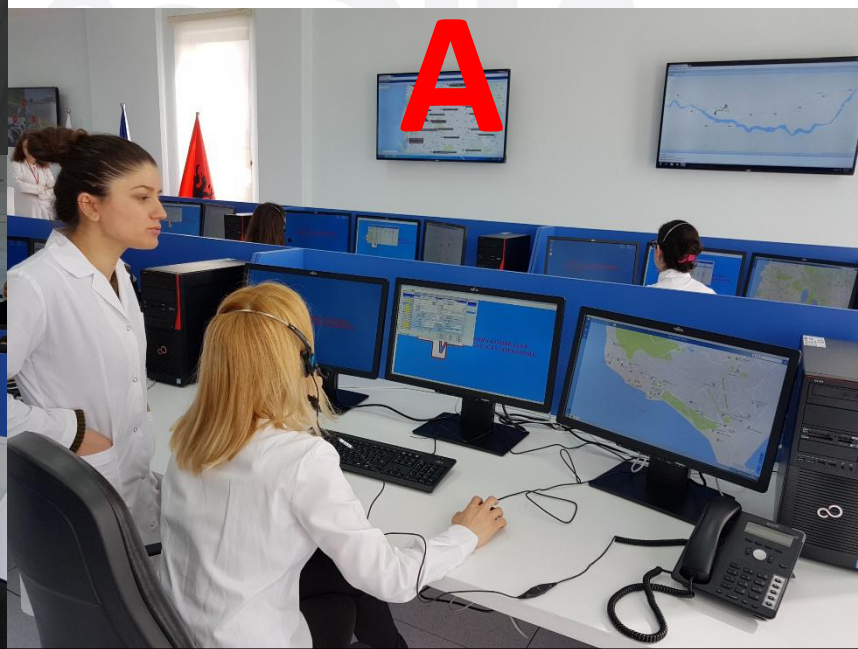
- Comand
- Control
- Valutazione
- Gestione
- Comunicazione con altri servizi di emergenze
- Raporti con gli ospedali
- Raporti con le istituzioni.

# Ligji 147/2014

- Zona A Valutazione
- Zona B Gestione.
- Zona C Maxiemergenza



**Zona di Valutazione**







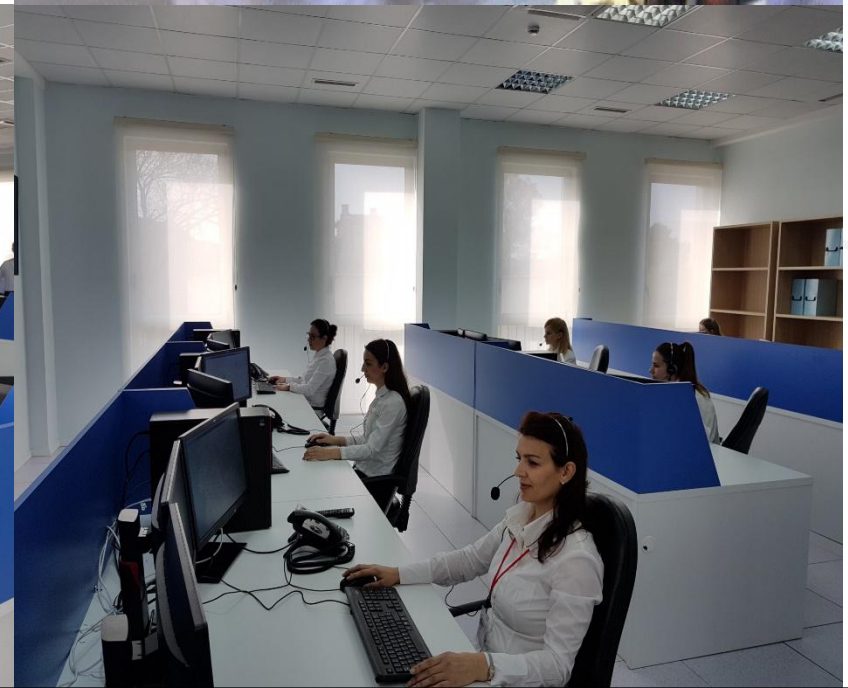
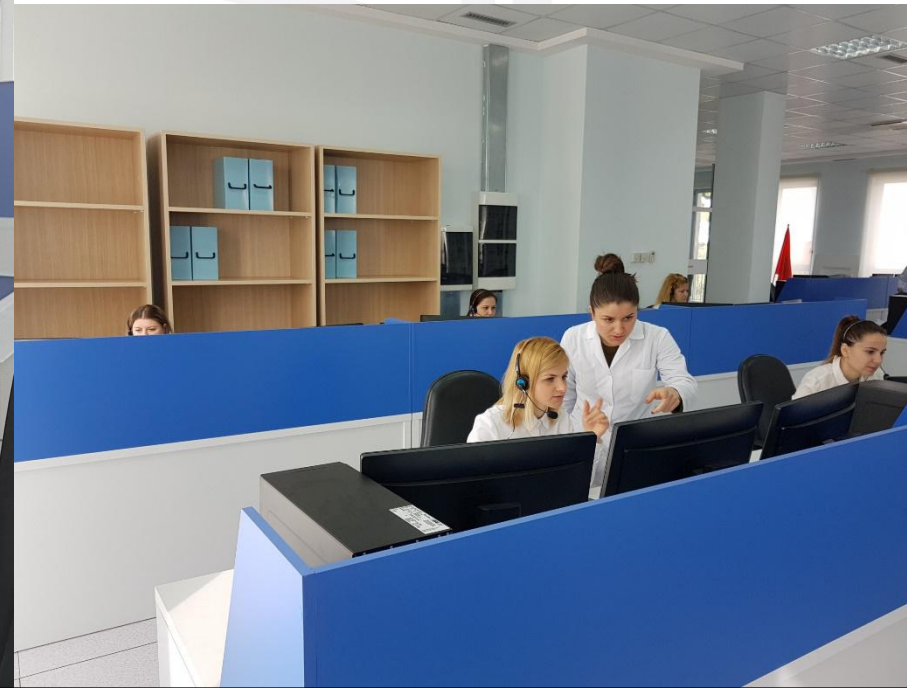
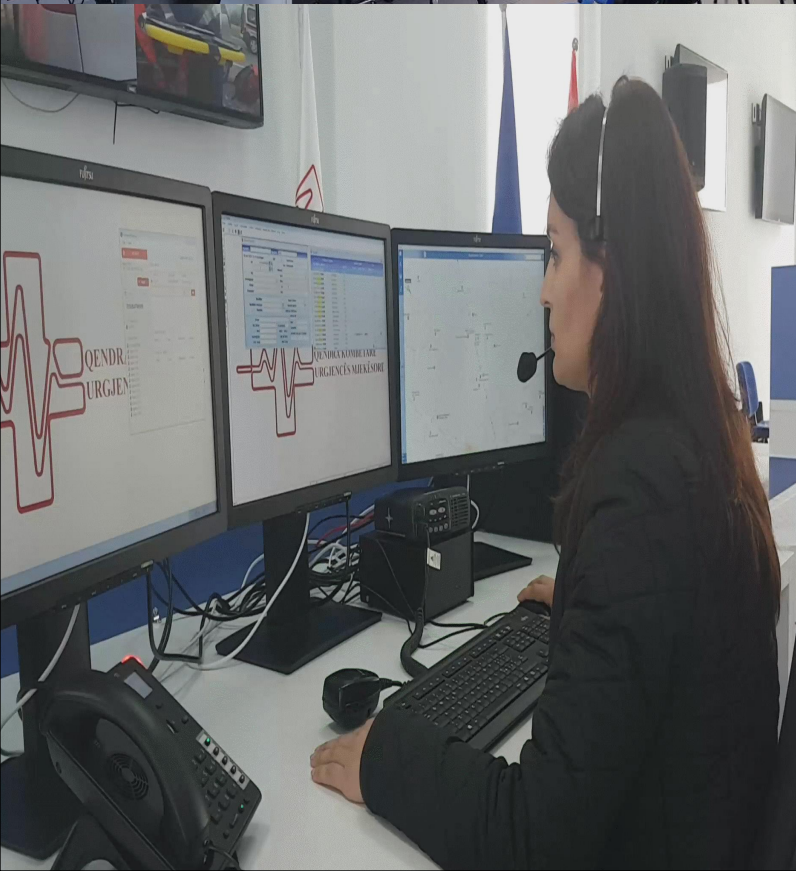




# Njësia e Koordinimit(C.O)



Gestione **B**



| Ë DIËMAT E NJËSARJE |         |        |             | DIËMAT E MËSHTOR |       |          |       | Kodi    |    |   |   |
|---------------------|---------|--------|-------------|------------------|-------|----------|-------|---------|----|---|---|
| Ora                 | Nëzërja | Adresë | Operator    | Ora              | Më.   | Operator | Mjet  | Gjendje | E  | M | T |
| 13:29               | 057903  | TIRANË | MYSLYM KETA | KR001            | 13:29 | 013394   | KR001 | AA 252  | AA |   |   |
| 13:24               | 057691  | TIRANË | KASTRODITET | NR003            | 13:24 | 013393   | NR003 | AA 301  | BY |   |   |





127 TIRANÉ

SkedarModifikoNgjarjeDisponibilitetiTe dhënaKonfigurimeMenadhim aldyShërbimeNesvojaDritare

Thirrje aktive

| Ë DHËNAT E NGJARJE |         |        |                | DHËNAT E MISRON |        |          |       | Kodi  |
|--------------------|---------|--------|----------------|-----------------|--------|----------|-------|-------|
| Ora                | Ngjarje | Adresë | Operator       | Ora             | Mis.   | Operator | Mjet  | Gjend |
| 10:12              | 057834  | TIRANÉ | ODHISE PASKALI | 10:15           | 013375 | 3NF16    | TIR02 |       |
| 09:54              | 057831  | TIRANÉ | ISLAM ALLA     | 09:55           | 013373 | 3NF16    | TIR09 |       |
| 09:25              | 057829  | TIRANÉ | NAKI STERNELI  | 09:27           | 013372 | 3NF16    | TIR06 |       |

Voicest Phonebar

LINE

AGENT 19 - DALJA

Agent 19  
TEL: 1019 - NË PRITJE: 600

Thirr

Thirr

Thirr

Thirr

060 123 4567

Libri i adresave

Konferenca

këshillim

Thirrje log

Thirrjet e humbura

Operatorët

Agent 01

Agent 02

Agent 03

Agent 1014

Agent 05

Agent 06

Agent 1027

Agent 1028

Agent 09

Agent 10

Agent 11

Thirrjet në pritje

|       |       |          |         |
|-------|-------|----------|---------|
| Prfte | Fluka | Përkohim | Kontakt |
|-------|-------|----------|---------|

Thirrjet në radhë

|       |       |          |         |
|-------|-------|----------|---------|
| Prfte | Fluka | Përkohim | Kontakt |
|-------|-------|----------|---------|

Asnjë thirrje aktive

Ready

EAL

Ref: KR01

KR01

Warner: 3

Bredita: 3

Boot Time

Network Adapter 0

IP Address 0

14/04/2018 16:52:31

Intel(R) Ethernet Connec

192.168.152.49



127 TIRANË

Skedar Modifika Ngjarje Disponibiliteti Të dhëna Konfigurime Menëshin aktive Shërbime Nivello Dittare ?

Thirrje aktive

| Ë DHËMAT E NGJARJE |         |        |                 | DHËMAT E MISSION |        |          |       | Kodi |
|--------------------|---------|--------|-----------------|------------------|--------|----------|-------|------|
| Orë                | Ngjarje | Adresë | Operator        | Orë              | Mic    | Operator | Mjet  |      |
| 10:44              | 057845  | TIRANË | ALI DEMI        |                  |        |          |       |      |
| 10:41              | 057844  | TIRANË | TIRANË-ELBASAN  |                  |        |          |       |      |
| 10:35              | 057841  | TIRANË | QEMAL STAFI     | 10:38            | 013379 | DNF16    | TIR04 |      |
| 10:34              | 057840  | TIRANË | GLIN BUE SHPATA |                  |        |          |       |      |
| 10:27              | 057839  | TIRANË | ALI DEMI        | 10:33            | 013378 | DNF16    | TIR09 |      |
| 10:16              | 057837  | TIRANË | KOKONOZEVE      | 10:21            | 013376 | DNF16    | TIR07 |      |
| 10:12              | 057834  | TIRANË | ODHISE PASKALI  | 10:15            | 013375 | DNF16    | TIR02 |      |

Ready

Ref.: KR00 KR00 Alamo: 7 Preshtac: 7

Boot Time 14/04/2018 15:52:31  
Network Adapter 0 Intel(R) Ethernet Connection  
IP Address 0 192.168.152.49

Voicechat Phonebar

File ?

NE THIRRIJE

AGENT 19 - DALJA

Agent 19  
TEL: 1019 - NE PRITJE: 500

1021

Libri i adresave

Konferencë  
Keshillim  
Thirrje log  
Thirrjet e humbura

Thirrjet në pritje

| Prirje | Fluks | Përkohim | Kontakt |
|--------|-------|----------|---------|
|        |       |          |         |

Thirrjet në radhë

| Prirje | Fluks | Përkohim | Kontakt |
|--------|-------|----------|---------|
|        |       |          |         |

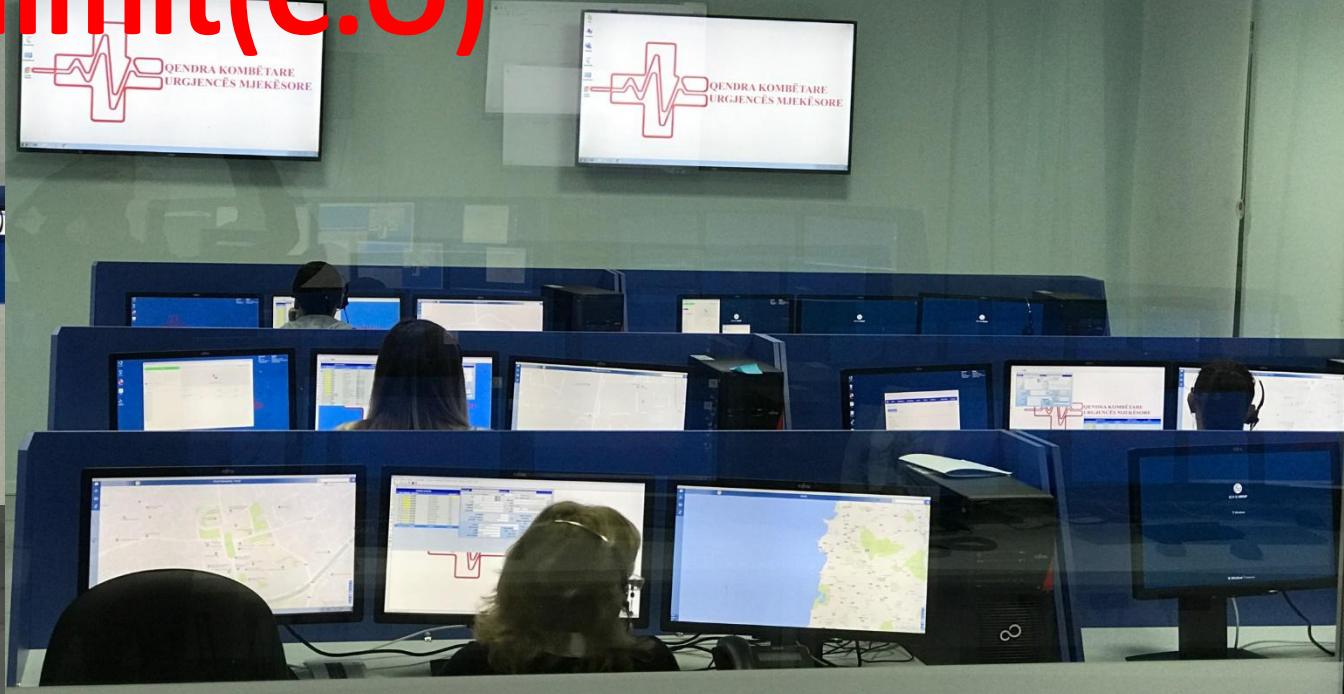
Operatorët

- Agent 01
- Agent 02
- Agent 03
- Agent 1004
- Agent 05
- Agent 06
- Agent 1007
- Agent 1008
- Agent 09
- Agent 10
- Agent 11

# Njesia e Koordinimit(C.O)



Njësia e Koordinimit



## Maxiemergenca



Njësia e Koordinimit

Njësia e Koordinimit



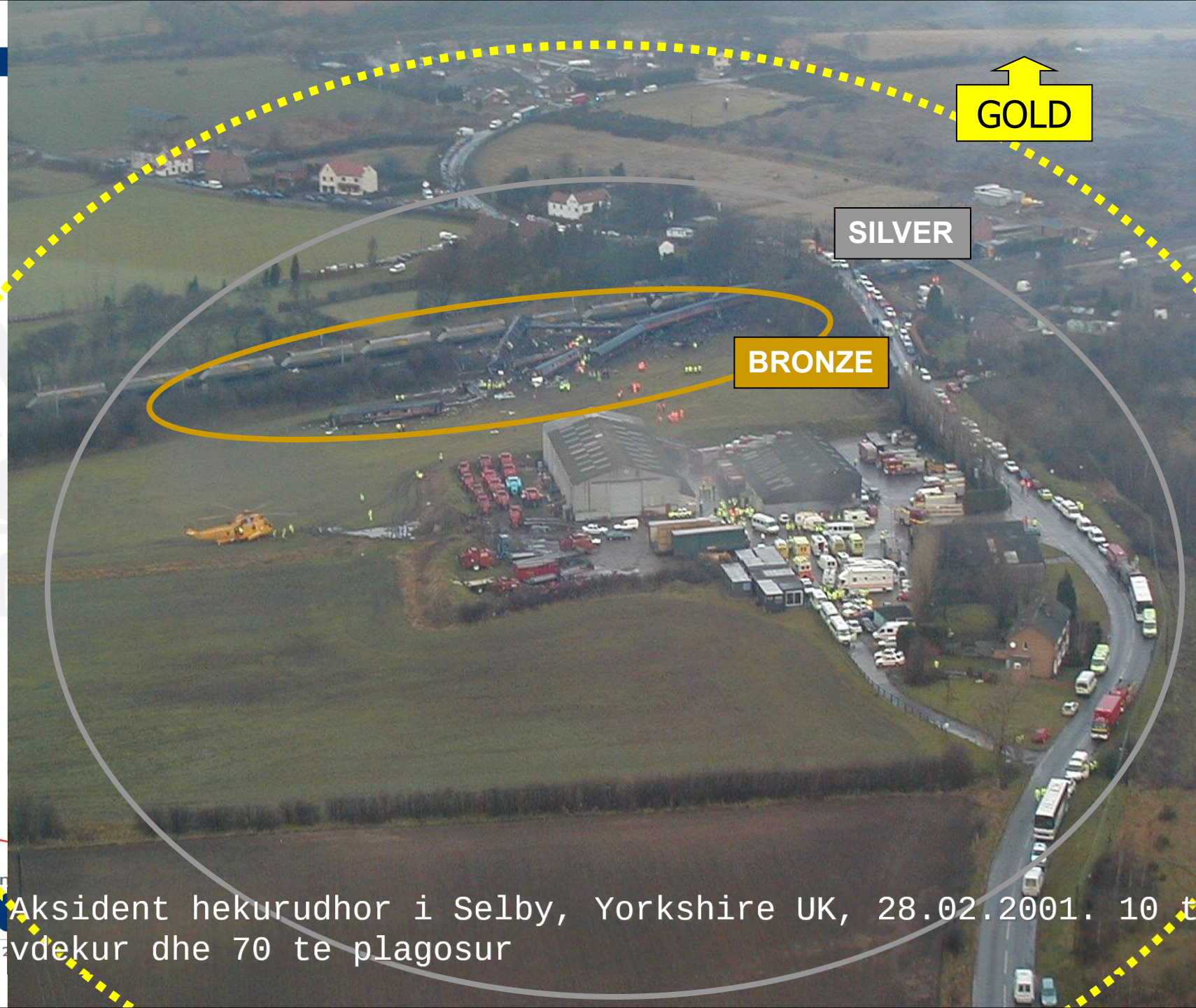
# Konfuzion te moderuar



*ne*

# Nga kaos





GOLD

SILVER

BRONZE



punto di collegam.  
con i media



SILVER



HLS

CCS

SRC

caricamento ambulanze

parcheggio ambulanze







- **Comunicazione nei servizi di emergenza**
- **Comunicazione vertical**
- **Comunicazione orizzontale**
- **Comando congiunto**





la polizia sulla scena non fece rapporto, ma nemmeno si mise in contatto con i comandanti dei vigili del fuoco, stabilendo invece un posto comando separato, a tre isolati di distanza...”

# **Formazione di base**

## **Promo soccorso**

### **Manovre salva vita**

### **BLSD**

# PROTOCOLLI





# Training





# Pratica







**Manovre**

**La Respirazioni**





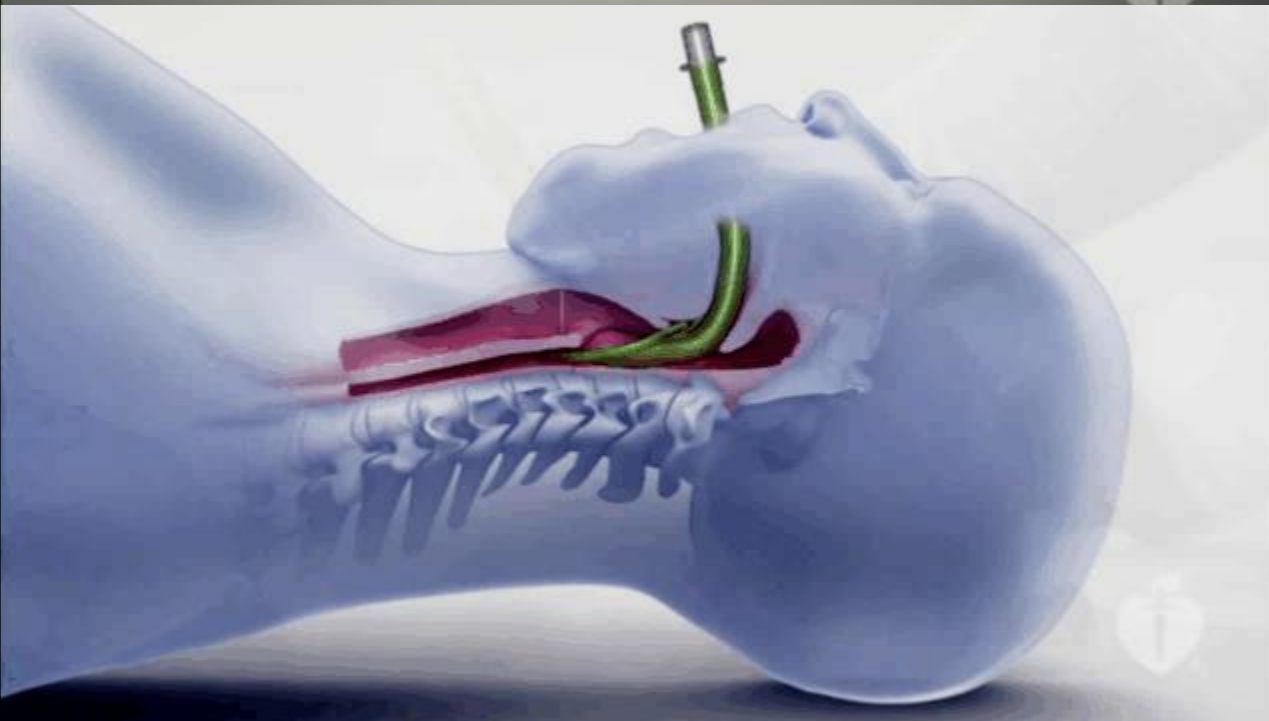
Manovre

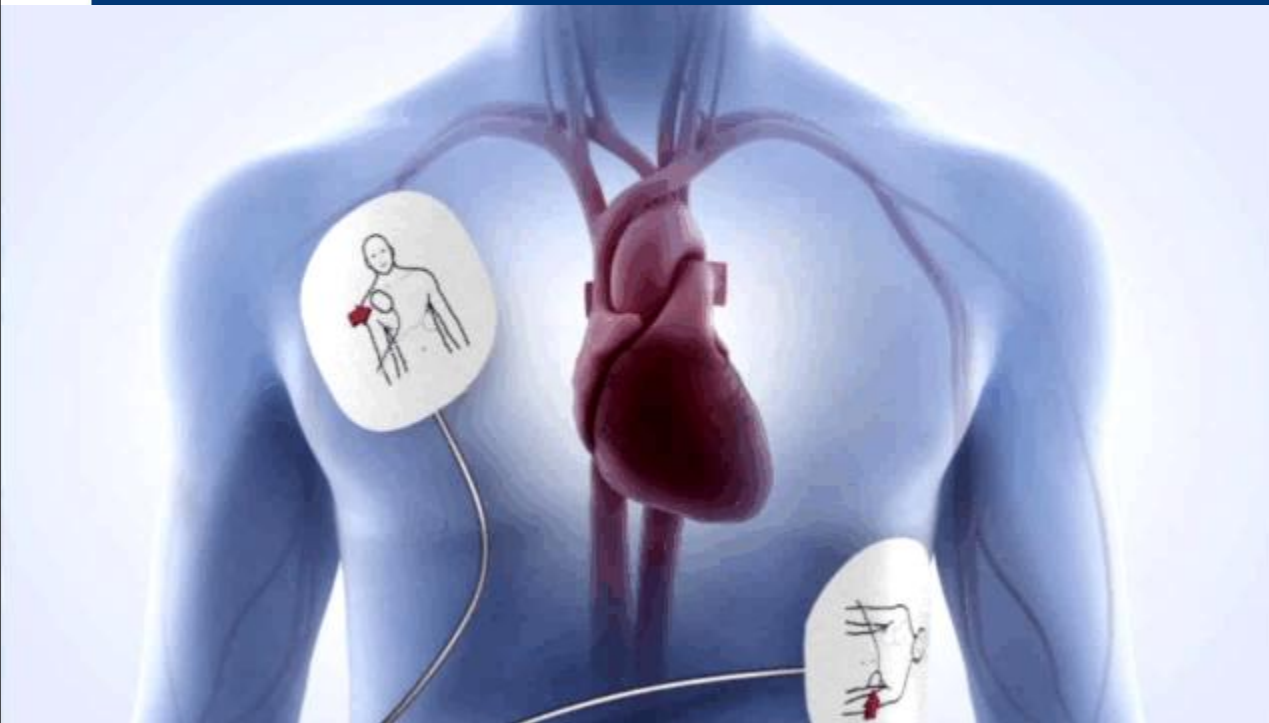
La RCP

# **Formazione avanzata Protezione delle vie aeree ACLS; PALS, ACLS-EP, PHATLS**











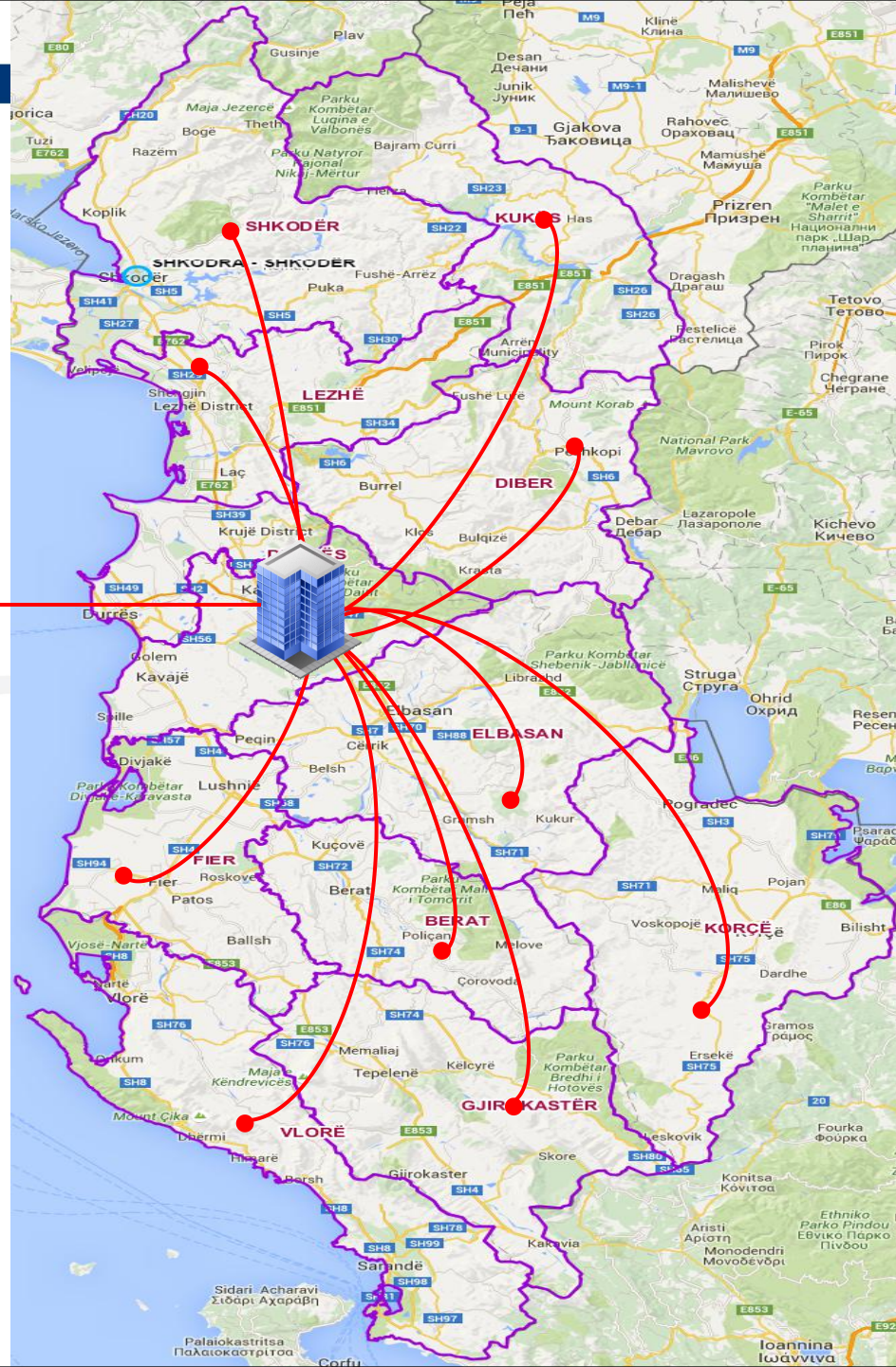




127 / 112

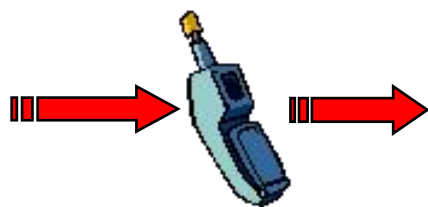


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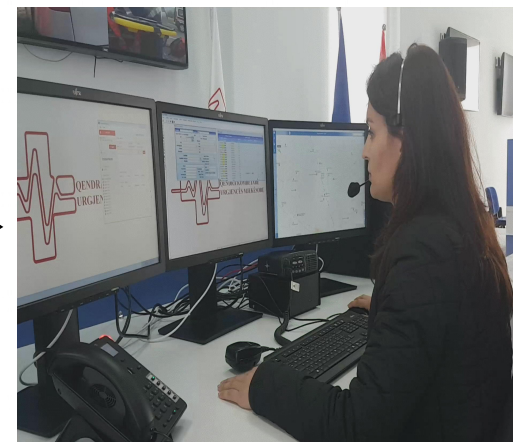
## Sherbimi i Emergjenc-Urgjences Organizzazione



**La chiamata**



**Valutazione  
(Infermier ose mjek )**



**Gestione**



**Mezzi a disposizione**



**MODULAZIONE DEL SOCCORSO**



**Ospedale  
(competenza diagnostica e terapia)**





## Arresto cardiaco in campo



Italia Morosini 2012



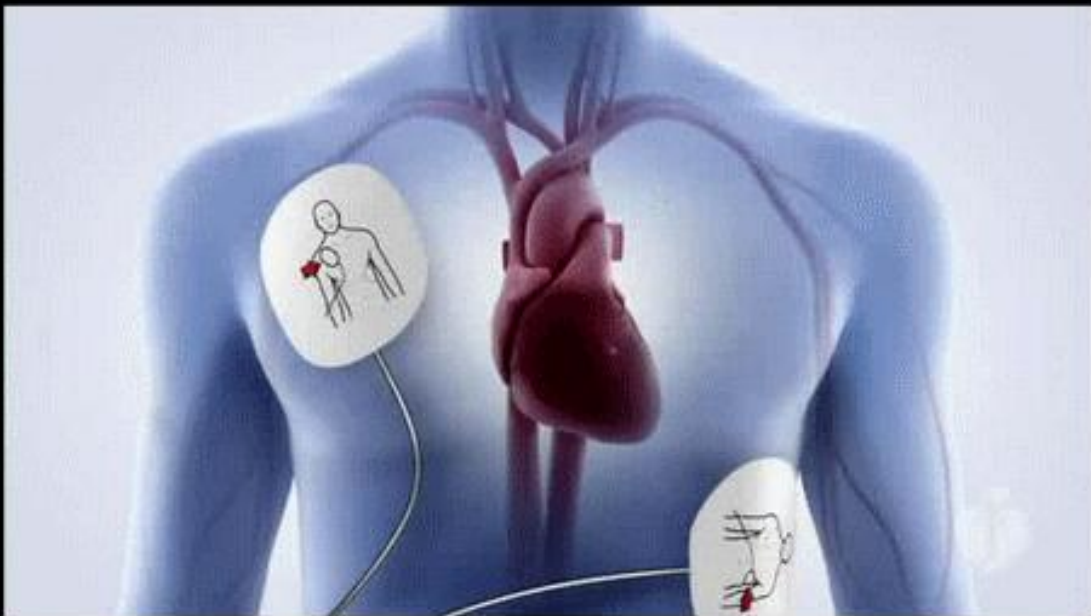
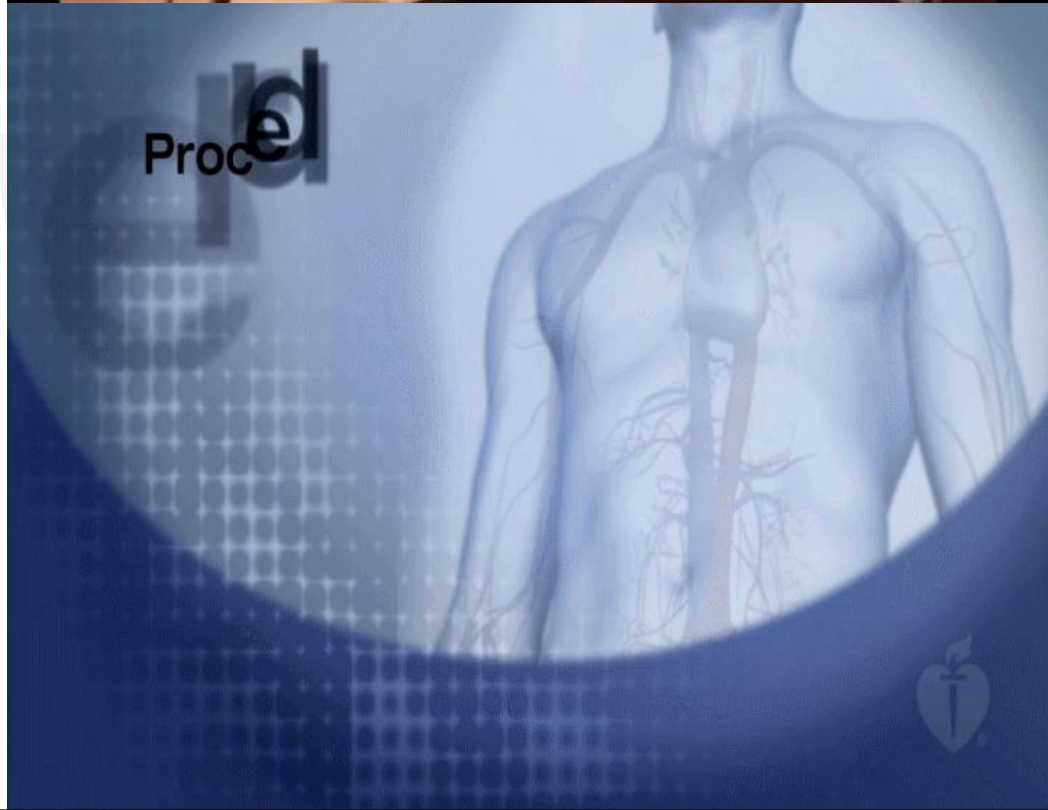














# Rete di Emergenza-Urgenza

## Ospedale - Emergenza paraspitalore

112-127  
Q.K.U.M



Si può imparare quanto necessario per gestire un'emergenza, ma  
la capacità di comando è un'attitudine...

“È il desiderio di dominare,  
unito ad un'abilità ad ispirare”

Field Marshal Montgomery

Ne mund te mesojme se çfare eshte e domdsdoshme per te  
trajtuar nje fatekeqesi,  
Por zotesia per te komanduar eshte nje aftesi,  
Eshte deshira per te dominuar , e kombinuar me nje aftesi per  
te frymezuar

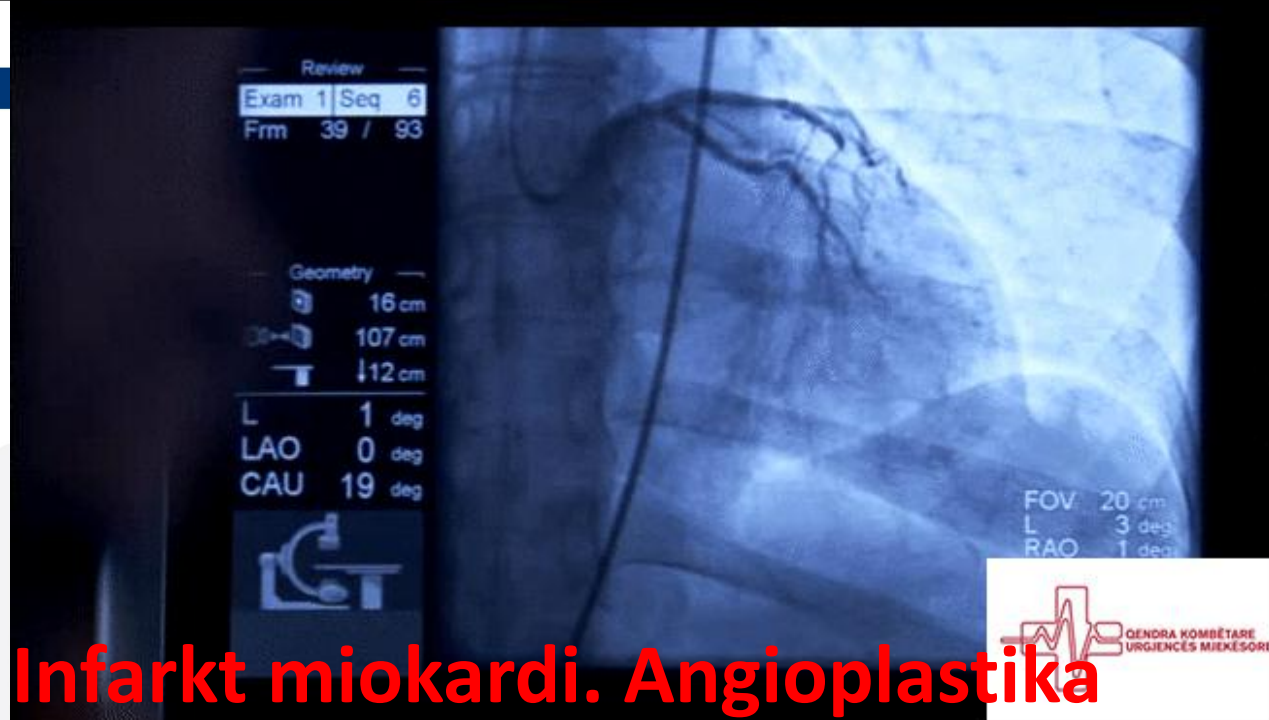
Field Marshal Montgomery



# Ligji 147/2014

- Spitale rajonale 11
- Spitale Universitare 5
- Spitale bashkiake 26
- Qendra shendetesore 440

# Ictus Cerebral. Tromboliza



# Infarkt miokardi. Angioplastika



# Masazh Kardiak



# Nderhyrje e shpejte Komunikim





# Menaxhimi i urgjencës

| REGJISTRI I SHËRBIMIT TË URGJENCËS |                |                  |              |            |            |            |                |   |           |                                     |            |    |                    |      |                   |      |
|------------------------------------|----------------|------------------|--------------|------------|------------|------------|----------------|---|-----------|-------------------------------------|------------|----|--------------------|------|-------------------|------|
| Nr                                 | Data e vizitës | Ora e paraqitjes | Emri Mbiemri | Datelindja | Numri ID   | Vendbanimi | Gjinia / Seksi |   | Siguresat | Kodi i pacienti / Karta e shëndetit | I Referuar |    | Rekomandimi ardhës |      | Mjeka rekomandues |      |
|                                    |                |                  |              |            |            |            | M              | F |           |                                     | Pe         | Ja | Nr.                | Data | Emri              | Kodi |
| 84                                 | Thanasia       | Mako             | Ri. Mako     | 06/08/1974 | 0687102428 | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
| 5                                  | Sifedra        | Sifedra          | Ri. Mako     | 06/08/1974 | 0687102428 | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    | Apon           | Bylica           | Ri. Mako     | 06/08/1974 | 0687102428 | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
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|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...        |                |   |           |                                     |            |    |                    |      |                   |      |
|                                    |                |                  |              |            |            | ...</      |                |   |           |                                     |            |    |                    |      |                   |      |

SKEDA N°170065725

Kontakti KRIDI Operator INF11

08/09/2017 12:00:32 shëguar Lidh Telefonuesi PRIVAT

Tel 042/224839 Det. Telefonuesit PERSON DYTËSOR

POI Mbiemri VRENOZI80

KOMUNË TIRANË Emri RIFAT

RRUGA KATER DËSHMORET Kom TIRANË

Kryqëzimi N° 41° 20' 12" 19° 49' 51"

Ref. GJIMNAZI PARTIZANI

Klasifikim KËRKESA PËR NDIHMË

Klasifikim i detajuar AKTIVIZIMI I MISIONIT

Dinamika NDIHME PERSONI

Numri i thirrur 500

Sintezë K C02 V

Misionet aktivizuar

Arsye C02-KARDIAK

Det.Arsye

Moti

Vendngjarje SHTEPI

Det. Vend

Të përfshirë

Mjek Infer. ✓

Ulje Në Pistë

Shef Turni

Filtri

Kodi I VERDHË

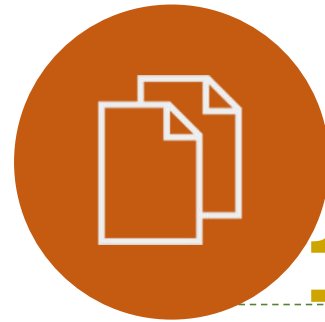
Parambëri

Akronim ente për t'u sinjali:



**QKUM 1 VI**





**Skede**

**150.90**

**1**



**Chiamat**

**e**

**158.615**

**Misione**

**30.38**

**2**



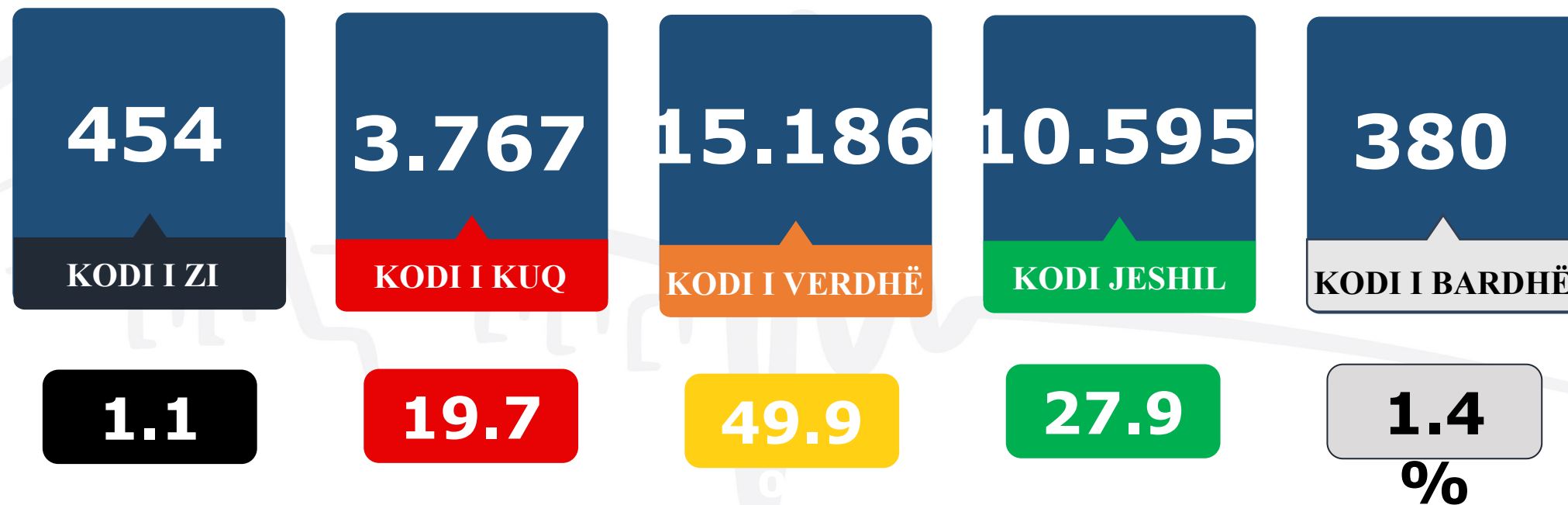
Ogni giorno al OKUM

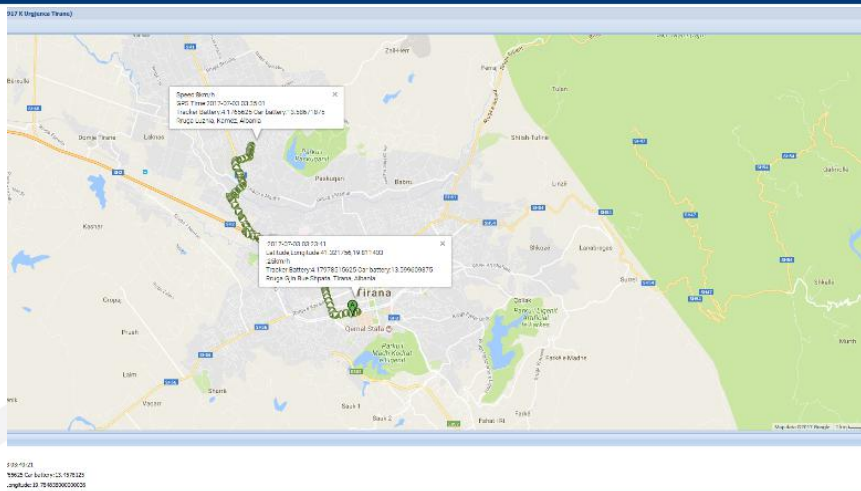


**Chiamate / Giorni Skede / Giorni Missioni / Giorni**



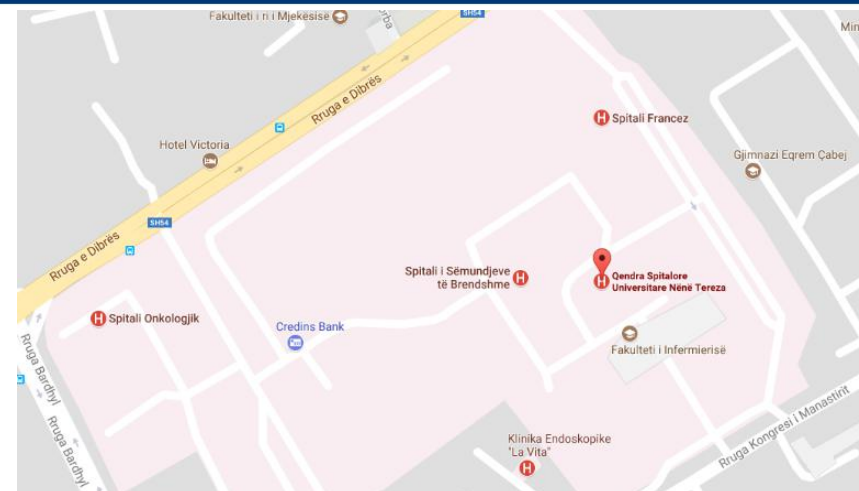
## Le missioni secondo il





**Visite trattate al  
domicilio**

**17.803**



**Pazienti  
trasportati al  
ospedale**

**11.879**



**XI congresso nazionale  
simeu**  
ROMA 24-26 MAGGIO 2018





**17 . 163**

**Consiglio medico  
della centrale  
operativa**



**11 . 364**

**Chiamate trasferite  
da  
112**



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**simeu**  
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# RASTET ME TE SHPESHTA

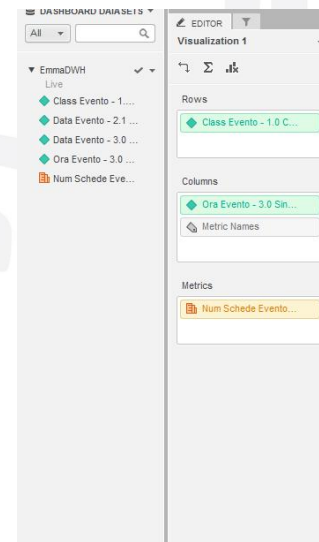
RESPIRATORIALE  
2.229

GASTROENTEROLOGJIK  
2.665

TRAUMATIKE  
3.842

NEUROLOGJIKE 5.674

KARDIAKE 6.431



XI congresso nazionale  
**simeu**  
ROMA 24-26 MAGGIO 2018





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# Grazie per l'attenzione Ju Faleminderit