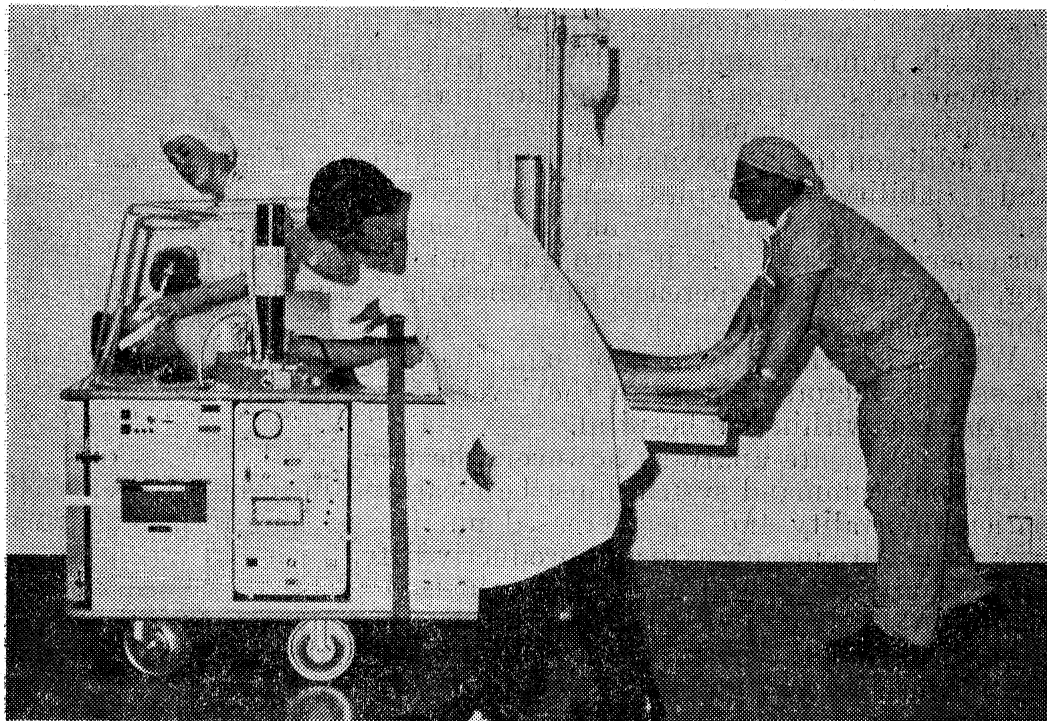




give this drug or another drug which has to be given at specific time intervals?

The electronic equipment preheats in transit to the bedside so no time is wasted with instrument warmup and stabilization. Another electrical impulse is sent to the elevator shaftway, to override the automatic elevator programmer which shifts to emergency alert status. Logic circuits select the best elevator in the bank, based on proximity and other factors, send it to the floor and lock it where the emergency cart is located. The elevator unlocks only when the cart is in its cab because of an electronic command interlock between the cart and elevator. Other elevators respond to pocket size command transmitters carried at all times by emergency team members.

For emergency surgical cases brought to the accident ward, a different dialing number is used—for example, automobile accidents, poisoning cases, and so forth. Various vital telephones are used to call different categories of personnel, while the elevator goes to the appropriate floor to receive the patient.

For large multipatient accidents or disasters, the system also links to telephones outside the hospital and can thus summon physicians and supporting personnel from their homes and offices.

The separate events which take place when the hospital emergency command system is triggered by an alerting telephone call have taken some minutes to describe. They are actually simultaneous electrical events which take only several seconds. We have, in effect, substituted simple electrical circuits to provide communications and mobilization in parallel rather than relying on humans to act swiftly and consistently in series.

This is not an esoteric research project. The significance of the hospital emergency command system is simply that it meets a very real need in a very practical manner. Because it utilizes the existing tele-