

Code Red practice has improved since our last audit. There are still improvements to be made in TXA administration and time to blood products.

043 SHOULD ADULTS WITH MILD HEAD INJURY TAKING DIRECT ORAL ANTICOAGULANTS UNDERGO CT SCANNING? A SYSTEMATIC REVIEW

Gordon Fuller, Rachel Evans, Louise Preston, Helen Buckley Woods, Suzanne Mason. *University of Sheffield*

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Background Patients taking direct oral anticoagulant medications (DOACs) commonly undergo computed tomography (CT) head scanning following mild head injury, regardless of symptoms or signs. International guidelines have noted a lack of evidence to support management decisions in such patients.

Methods A systematic review, pre-registered (CRD42017071411) and following Cochrane Collaboration recommendations, was performed. Studies of adults with mild head injury (GCS 13–15) taking DOACs, which reported the risk of adverse outcome following the head injury, were eligible for inclusion. A comprehensive range of bibliographic databases and grey literature were examined using a sensitive search strategy. Selection of eligible studies, data extraction, and risk of bias was evaluated independently by separate reviewers. A random effects meta-analysis was used to provide a pooled estimate of the risk of adverse outcome. The overall quality of evidence was assessed using the Grades of Recommendation, Assessment, Development and Evaluation Working Group approach.

Results 4,185 articles were screened for inclusion, of which 7 cohort studies, including 346 patients, met inclusion criteria. All studies were at high or unclear risk of bias secondary to selection and information bias. Estimates of adverse outcome (any death, intracranial hematoma (ICH), or neurosurgery) ranged from 0% to 8%. A random effects meta-analysis showed a weighted composite outcome risk of 4% (95% CI 2–6%, $I^2=3\%$). The overall quality of the body of evidence was low secondary to imprecision, indirectness and risk of bias.

Conclusions There is limited data available to characterize the risk of adverse outcome in patients taking DOACs following mild head injury. A sufficiently powered prospective cohort study is required to validly define this risk, identify clinical features predictive of adverse outcome, and inform future head injury guidelines.

044 STEMMING THE FLOW

Patrick Honour, Graeme McAlpine. *NHS Lothian*

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Standardising the practice of epistaxis care in an emergency department to improve patient outcomes.

Having a regional ENT centre on site we see a disproportionate number of epistaxis patients with over 500 cases a year.

All atraumatic haemodynamically stable epistaxis patients who had active ongoing bleeding in the department were included.

Developing a standard operating procedure based around the standard treatment arm of the NoPac study we focused on the step by step management of epistaxis to measure if this improves patient outcomes.

A tailored education package for the protocol was used in the department with posters, emails and information during handover to all staff in the department.

It follows a step by step method, starting with nasal pegs in triage, clot removal, cautery and adrenaline soaked rolls, depending on the persistence of the bleeding, eventually discharge or referral.

I Analysed TRAK data for all 'Epistaxis' diagnoses prospectively for 2 months pre and post intervention.

Any patient with a documented 'active' bleeding that was not haemodynamically unstable or a traumatic injury for the following outcomes;

Primary outcome was rate of Admission to ENT.

Secondary outcomes were, time in department and re-attendance within 2 weeks.

A total of 34 patients were studied, 17 before and after the intervention.

Primary outcome of ENT admissions – Down from 41% to 11%.

Secondary outcomes of time in department - reduced by 39 minutes to 2h36 from 3h03.

And re-attendance rate remains the same at 24%

	Before the protocol was introduced	After the protocol was introduced
Referral to ENT rate	41%	11%
Re-attendance (in 2 weeks)	24%	24%
Average time in department	3:03	2:36

Abstract 044 Figure 1

In conclusion we have seen a significant drop in ENT admissions alongside a decreased time in department without increasing re-attenders. Having a standardised plan for all epistaxis patients to receive early intervention with a clear protocol for the medical staff has improved patient safety and outcomes. These projects further benefit our department by keeping up with active research projects.

045 WE'RE GOING TO NEED A BIGGER BOAT! EVENING OPENING OF MOTHBALLED OUTPATIENT AREAS TO REDUCE CROWDING IN A CHILDREN'S EMERGENCY DEPARTMENT

^{1,2}Katherine Hance, ^{1,2}Mark Lyttle, ^{1,2}Sue Humphreys. ¹Emergency Department, Bristol Royal Hospital for Children, Bristol, UK; ²Faculty of Health and Applied Sciences, University of the West of England, Bristol, UK

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Background EDs are increasingly crowded, with negative impact on care quality. This is multifactorial, but tends to peak during evenings. On mapping our contributing constraints, staffing was adequate, but available ED space was a major factor. We identified evening opening of mothballed