

palliative patients are not optimally met in the Emergency Department (ED), in part due to crowding and exit-block. This is further compounded in an ageing population with increasingly complex chronic diseases. Palliative care in the ED is one of the top five research priorities from the Royal College of Emergency Medicine and is often an underestimated part of the ED workload. These patients need to be recognised early and their care considered holistically. This project aims to define the scale of palliative care demand on EDs, describe the care these patients receive, and consider whether we provide truly palliative care for these patients.

Methods/Design Data were collected from electronic and written ED records for all patients meeting the inclusion criteria who attended over a 14-day period. Patient records were identified by manually reviewing all electronic records and identifying coding that corresponded to the WHO list of palliative conditions. Demographic, attendance and clinical data were anonymised and analysed descriptively.

Results/Conclusions Over the study period, 5% (208/4126) of all ED attendances presented with palliative conditions. This figure is likely to be an underestimate, as electronic systems in this department are not linked to e-notes and written records accompany the patient's hospital journey. Average time in department was 461 minutes (IQR 274.5 – 621.5). 77% (93/121) of these patients were admitted to hospital, with 96% of those admitted to the Medical Assessment Unit. Only 7% (8/121) left the department with a completed Treatment Escalation Plan (2 of these were pre-existing). This scoping data shows that a small but significant proportion of ED patients have incurable conditions and it may be worth targeting quality, not quantity, of life.

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THROMBOTIC COMPLICATIONS IN PATIENTS WITH COVID-19 REQUIRING HOSPITALISATION: A SINGLE CENTRE PROSPECTIVE SERVICE EVALUATION

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Aims/Objectives/Background Early experience of the coronavirus pandemic has led to concerns regarding hypercoagulability and increased rates of venous thromboembolic (VTE) disease. As a result, many centres have changed front door thromboprophylaxis risk assessment and prescribing practice. There is no clear evidence that such new approaches are safe, or improve patient outcomes.

We sought to establish the incidence of thrombotic complications in all hospitalised patients with confirmed COVID-19, at a UK thrombosis exemplar centre.

Methods/Design A single site prospective service evaluation (Ref: S20HIP17). We identified all patients with COVID-19 who were hospitalised between 1st March and the 31st May 2020, encompassing the UK acceleration, peak and deceleration phases of the pandemic.

Standard risk assessment and weight adjusted pharmacological thromboprophylaxis were conducted in accordance with previous national and local guidelines.

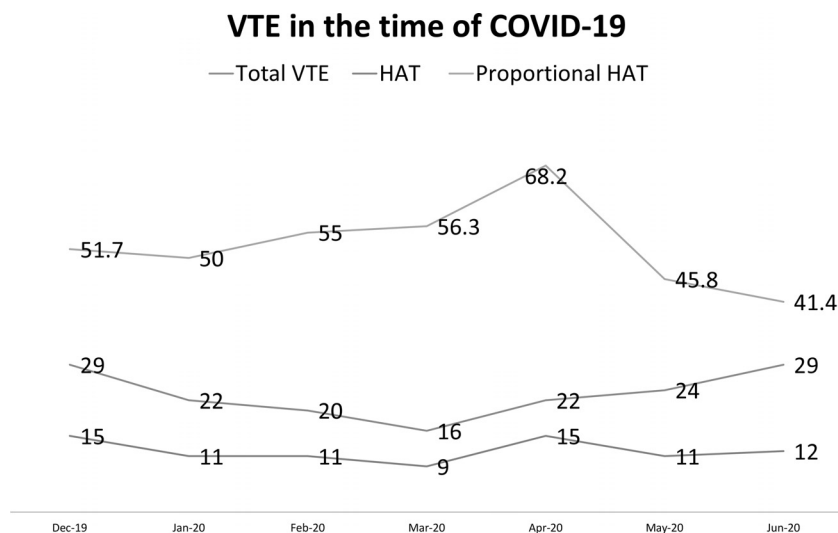
We report follow up data as of the 1st July (minimum 4 weeks post diagnosis), using an established method for national VTE reporting metrics.

Results/Conclusions A total of 528 hospitalised patients had confirmed COVID-19 during the study period, of which 74 (14.0%) were admitted to critical care. Mean age was 69.6 (SD 16.7) and the median duration of admission 7 days (IQR 16). Mortality was 35.6%.

We identified 12 VTE positive episodes at follow up, including 9 pulmonary emboli (PE) and 3 deep vein thromboses (DVT). Over 60% of PE events were isolated segmental or subsegmental thrombi, suggestive of 'immunothrombosis' in situ and of questionable clinical significance. VTE event rates for our population were 2.3% overall and 6.8% for those admitted to critical care.

Rates of VTE did not appear to differ from pre-pandemic levels (figure 1).

We did not find increased rates of clinically significant VTE events in hospitalised patients with COVID-19. Our findings raise questions regarding the merits of unvalidated risk assessment tools and increased thromboprophylaxis dosing strategies in COVID-19 patients.



Abstract 274 Figure 1 Venous thromboembolic (VTE) events over time and proportional hospital acquired thrombosis rates(HAT)

Correction: 274 Thrombotic complications in patients with COVID-19 requiring hospitalisation: a single centre prospective service evaluation

In this meeting abstract the author 'Wadhi Habeichi' should have been listed as 'Wadih Habeichi'.

Habeichi W, Bell J, Khawaja Z, et al. 274 Thrombotic complications in patients with COVID-19 requiring hospitalisation: a single centre prospective service evaluation. *Emerg Med J* 2020;37:823. doi: 10.1136/emj-2020-rcemabstracts.4corr1

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