In addition, 24 (11.9%) patients had non aortic pathologies identified from the scan (6 gallstones, 3 pneumonia, 3 renal colic, 2 metastatic disease, 2 pancreatitis, 2 pulmonary embolism, 6 'other' diagnoses).

Of those with confirmed AAS, only one had an ADD-RS (aortic dissection detection risk score) of 2 (>2 recommend straight to CTA), four had a score of 0 or 1 and none had a D-dimer recorded.

It is sometimes perceived that CTA has a low diagnostic yield, but 23% of patients scanned in our cohort were able to have a positive diagnosis made after their scan, with approximately half of identified pathology being non-aortic.

1455 A 10-YEAR REVIEW OF INSULIN-RELATED ENQUIRIES TO THE UK NATIONAL POISONS INFORMATION SERVICE (NPIS)

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Aims, Objectives and Background More than 4.9 million people in the UK have diabetes, and sufferers are at increased risk of depression.[1] We reviewed enquiries to the NPIS about insulin overdose.

Method and Design Retrospective analysis of enquiries between 1 November 2011 and 31 October 2021.

Results and Conclusion We received 1195 enquiries involving insulin. Further analysis was limited to the 169 enquiries involving insulin only (90.5% via injection).

Most enquiries (88%) concerned adults ≥ 18 years. There were 34 non-diabetic and 98 diabetic patients: 32 Type 1, 10 Type 2, and 56 type undocumented. Exposures were intentional (n=114, 68%), from therapeutic error (n=28), accidental (n=16) or circumstances unknown (n=11).

Long-acting insulins were involved in 71 cases, and the highest dose was 20000 units (table 1). The lowest recorded blood glucose concentration (mmol/L) at the time of the enquiry was in the range 0–0.9 (n=7), 1.0–1.9 (n=29), 2.0–2.9 (n=25), 3.0–3.9 (n=12), >4.0 (n=14). Hypokalaemia (defined as K +<3.5 mmol/L) was noted in 26 (n=15%) enquiries. The maximum Poisoning Severity[2] (n=162) was graded: none (n=55), minor (n=29), moderate (n=44), and severe (n=34).

Treatments given prior to contacting the NPIS were IV glucose (n=91, 54%), IV/IM glucagon (n=26, 15%), IV octreotide (n=6, 4%) and IV corticosteroids (n=2, 1%). No patient underwent surgical excision of the injection site. Long-acting insulins accounted for 5/6 cases where octreotide was given.

Conclusions Hypoglycaemia following insulin overdose was mostly managed satisfactorily by intravenous glucose infusion, with glucagon used occasionally. The role of octreotide and corticosteroids was unclear. Approximately 20% of cases were severe, especially following overdose of medium- and long-acting insulins; we recorded no fatalities.

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1632 CLINICAL PREDICTORS OF FRACTURE IN PATIENTS WITH SHOULDER DISLOCATION: SYSTEMATIC REVIEW OF DIAGNOSTIC TEST ACCURACY STUDIES

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Aims, Objectives and Background Pre-reduction radiographs are conventionally used to exclude important fracture before attempts to reduce a dislocated shoulder in the Emergency Department. However, this step increases cost, exposes patients to ionising radiation, and might delay closed reduction. Some studies have suggested that pre-reduction imaging may be omitted for a sub-group of patients with shoulder dislocations.

The objective was to determine whether clinical predictors can identify patients that might safely undergo closed reduction of a dislocated shoulder without pre-reduction radiographs.

Method and Design A systematic review and meta-analysis of diagnostic test accuracy studies that have evaluated the ability of clinical features to identify concomitant fractures in patients with shoulder dislocation. All fractures were included except for Hill-Sachs lesions. Quality assessment was undertaken using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) tool. Data were pooled and meta-analysed by fitting univariate random effects and multi-level mixed effects logistic regression models.

Results and Conclusion Eight studies reported data on 2,087 shoulder dislocations and 343 concomitant fractures. The prevalence of concomitant fracture was 17.5%. The most accurate

Abstract 1455 Table 1 Details of dose, insulin type, nadir blood glucose concentration, and Poisoning Severity Score in 169 cases of insulin poisoning reported to the UK National Poisons Information Service in the ten years to 31st October 2021. Ø = unrecordable

Insulin type*	Median dose Units (range)	Lowest blood glucoseconc[n] mmol/L (mg/dL)	Known diabetic patients	Maximum poisoning severity			
				Moderate *n*	% of all moderate	Severe *n*	% of all severe
Long acting (N=71)	600 (10–20000)	Ø	49	23	52%	14	41%
Medium acting (N=24)	900 (60–4500)	0.6 (11)	11	8	18%	7	21%
Short acting (N=14)	75 (28–2000)	1.6 (29)	7	3	7%	1	3%
Ultrashort acting (N=35)	180 (1.5–4800)	1 (18)	23	10	23%	5	15%
Unknown (N=18)	188 (45–400)	Ø	8	0	0%	7	21%
Canine (N=7)	20 (7–1600)	4.2 (76)	0	0	0%	0	0%

*Where two or more insulin types or mixtures were involved (n=55, 32.5%), the longest-acting component was counted.