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.

**REFERENCE**


**Abstracts**

**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=114, 68%), from therapeutic error (n=28), and 56 type undocumented. Exposures were unintentional (n=114, 68%), from therapeutic error (n=28), accidental (n=114, 68%), from therapeutic error (n=28), and 56 type undocumented.

Long-acting insulins were involved in 71 cases, and the highest dose was 20,000 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 (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 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.

**REFERENCES**


**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

<table>
<thead>
<tr>
<th>Insulin type*</th>
<th>Median dose Units (range)</th>
<th>Lowest blood glucose conca * mmol/L (mg/dL)</th>
<th>Known diabetic patients</th>
<th>Maximum poisoning severity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Moderate n</td>
</tr>
<tr>
<td>Long acting (N=71)</td>
<td>600 (10–20000)</td>
<td>Ø</td>
<td>49</td>
<td>23</td>
</tr>
<tr>
<td>Medium acting (N=24)</td>
<td>900 (60–4500)</td>
<td>0.6 (11)</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Short acting (N=14)</td>
<td>75 (28–2000)</td>
<td>1.6 (29)</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Ultrashort acting (N=35)</td>
<td>180 (1.5–4800)</td>
<td>1 (18)</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Unknown (N=18)</td>
<td>188 (45–400)</td>
<td>Ø</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Canine (N=7)</td>
<td>20 (7–1600)</td>
<td>4.2 (76)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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