

clinical predictors were age >40 (LR+ 1.8 [95% CI 1.5–2.1]; LR- 0.4 [0.2–0.6]), female sex (LR+ 2.0 [1.6–2.4], LR- 0.7 [0.6–0.8]), first time dislocation (LR+ 1.7 [1.4–2.0]; LR-0.2 [0.1–0.5]), and presence of humeral ecchymosis (LR+ 3.0–5.7; LR- 0.8–1.1). The most important mechanisms of injury were: high-energy mechanism fall (LR+ 2.0–9.8), fall >1 flight of stairs (LR+ 3.8 [95% CI 0.6–13.1]; LR- 1.0 [95% CI 0.9–1.0]), and motor vehicle collision (LR+ 2.3 [0.5–4.0]; LR- 0.9 [0.9–1.0]). The Quebec Rule had a sensitivity of 92.2% (95% CI 54.6–99.2%) and specificity (33.3%, 23.1–45.3%) but the Fresno-Quebec rule maintained 100% sensitivity across three studies that included 564 shoulder dislocations and 98 fractures.

In conclusion, the Fresno-Quebec Rule has undergone both internal and external validation and may now have a role in clinical practice.

1412 CERVICAL SPINE IMMOBILISATION IN AMBULATORY PATIENTS

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Aims, Objectives and Background Approximately 2500 people suffer a traumatic cervical spinal fracture per year in the UK, of which 10–14% have an associated spinal cord injury. Emergency department practice was changed after Sundstrom et al (2014) found existing evidence for cervical spine collars to be weak. From April 2015 a new guideline was implemented in the Royal Derby Hospital removing the routine use of cervical collars for certain groups. This allowed patients who self-presented to the ED who met the Canadian C-spine criteria for radiographic imaging to remain free from immobilisation devices and undergo standing plain films or self-position for CT imaging.

Method and Design A retrospective case note review was carried out from April 2009 to September 2021. Patients with a confirmed diagnosis of cervical spine fracture were identified and those who did not arrive by ambulance were selected for analysis. Their case notes were reviewed for fracture site, time since injury, neurological symptoms and clinical management.

Results and Conclusion Cervical spine fracture was diagnosed in 30 patients each year on average over the study period. Fifteen per cent were not conveyed by ambulance. Over 70% of patients presented more than 4 hours after their injury. The most common site of injury was C6/7 (50%) followed by C2 (30%). Those patients who self-presented to the emergency department and were subsequently diagnosed with a cervical spine fracture suffered no adverse outcomes. Self-presentation to the emergency

1421 THE SCOTTISH CODE RED AUDIT REPORT FOR THE PERIOD 1ST JANUARY 2018 TO 31ST DECEMBER 2019 WITH COMPARISON TO PREVIOUS AUDIT FINDINGS OF SCOTTISH CODE RED PRACTICE SINCE 1 JUNE 2013

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Aims, Objectives and Background The Scottish Transfusion and Laboratory Support in Trauma Group (TLSTG) have previously audited National Code Red activations to optimise the transfusion support given to patients following major trauma in Scotland. This report is for all patients in Scotland for whom a Code Red was activated between 1st January 2018 and 31st December 2019 and also compares findings to previous audits since 1 June 2013.

Method and Design A clinical and transfusion lead for each centre entered anonymised data onto a secure electronic database (REDCap).

Abstract 1421 Table 1 Summary data comparison to previous audits

	1 June 2013-31 Oct 2015	1 Nov 2015-31 Dec 2017	1 Jan 2018- 31 Dec 2019
Activations	56	66	96
Mean age	43	45	43
Male %	75	88	69
Mean ISS	26	28	31
Blunt %	75	75	74
Received blood products %	89	93	90
	Pre-hospital		
Pre-hospital transfusions, n	16	48	73
999 to Code Red activation, mins	70	37	80
Pre-hospital tranexamic acid, %	70	78	93
Volume of clear fluid given, mls	500	285	266
	Emergency Department		
Mean ED arrival SBP, mmHg	90	104	102
ED arrival to CRC transfusion, mins	9	16	4
ED arrival to FFP transfusion, mins	50	56	16
FBC order to result, mins	81	46	48
Clotting screen order to result, mins	119	53	14
Use of ROTEM / TEG in ED, %	0	12	13
Volume of clear fluid given, mls	100	0	198
Massive transfusion, n (%)	7 (13)	5 (8)	24 (25)
Survival to hospital discharge %	63	66	65
Code Red activation to ED, mins	24	33	20
CRC units/ patient in first	24 hours	4	5
FFP units/ patient in first 24 hours	4	4	4
Platelet units/ patient in first 24 hours	2	2	1
Total wasted CRC, n	16	9	37
Total wasted FFP, n	33	14	37
Total wasted platelets, n	6	6	6