can be adapted by different departments and different hospitals keeping the patient at the centre of care.

**INTRODUCING A BRIEF INTERVENTION TO IDENTIFY AND PROVIDE GUIDANCE TO OVERWEIGHT AND OBSESE CHILDREN ATTENDING THE EMERGENCY DEPARTMENT**

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**Aims/Objectives/Background** The aim of this project was to identify and provide guidance to overweight and obese children attending the paediatric emergency department.

Paediatric obesity is a rising problem in the United Kingdom where around two thirds of children entering secondary school are either overweight or obese. This leads to significant health impacts in both the short and long term as more children are diagnosed with hypertension and obesity.

The Emergency Department provides a unique opportunity to introduce a brief intervention to identify these children, have a brief conversation and offer guidance on healthy lifestyle with referral back to primary care services.

**Methods/Design** We performed a Quality Improvement Project to measure height, weight and BMI centile in all children attending the Emergency Department to identify those who are overweight or obese. We created a toolkit that consists of training sessions and written resources for staff to sensitively communicate to parents about their child’s weight and empower them towards their journey for a healthier lifestyle.

We collected data from 10 children a week who met the inclusion criteria and established whether they had weight, height and BMI centile measured. We analysed the notes of those who had BMI centile measured to see if they had been discharged with a diagnosis of obesity and whether they were provided with information regarding healthy diet and lifestyle.

**Results/Conclusions** In a sample taken over 15 weeks, we have seen improvement in auxology measurement, and evaluation of notes shows that 4 children were appropriately identified as overweight or obese. Additionally, we increased awareness throughout the department by teaching, posters and word of mouth.

We are encouraged by these initial numbers and anticipate further improvements as we have developed a toolkit to provide ongoing teaching to staff in the department.

**WHAT CAN YOU TEACH IN 15 MINUTES? A PILOT STUDY OF ‘JUST-IN-TIME’ TEACHING IN A PAEDIATRIC EMERGENCY DEPARTMENT**

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10.1136/emermed-2022-RCEM.10

**Aims/Objectives/Background** The Emergency Department (ED) is a busy environment due to shift patterns and high acuity, which can make arranging formal teaching sessions difficult. We proposed daily ‘15-minute Hot Topic Teaching’ sessions with feedback questionnaires used to evaluate these. The aim of this study was to assess the effectiveness of daily ‘15-minute Hot Topic Teaching’ sessions in a Paediatric Emergency Department.

**Methods/Design** A daily teaching programme was designed and implemented in a busy tertiary Paediatric Emergency Department. The teaching sessions were performed for 15 minutes at 1 pm on Monday to Friday for all clinical ED staff members. Following each teaching session, participants completed a feedback questionnaire to evaluate the teaching session. This assessed the ‘overall rating of the teaching session’, ‘change in confidence in application of knowledge’, and ‘the rating of how appropriate the length of the teaching session was’.

**Results/Conclusions** Overall, 200 questionnaire feedbacks were completed. The average rating for the teaching sessions was 9.07/10 (0 being ‘very poor’ and 10 being ‘excellent’). The participants’ confidence in application of knowledge improved on average from 5.44/10 before the session to 8.04/10 following it (0 being ‘no confidence’ and 10 being ‘very confident’). The teaching session length was reported as ‘about right’ by 92%, with 8% stating they were either ‘too long’ or ‘too short’. ED clinical staff attending included doctors (47.5%), Advanced Nurse Practitioners (19.5%), nursing staff (12%), Physician Associates (9.5%), Health Care Assistants (3%), and ‘other’ members including medical students, nursing students and paramedic students (8.5%).

This study shows that daily 15-minute teaching sessions are an effective way of delivering teaching in a busy Paediatric Emergency Department to a wide variety of clinical staff. The sessions have improved confidence and knowledge in a variety of topics and are an appropriate length of time, making them ideal for use in Emergency Departments.

**RCEM Free Papers**

**A COMPARISON OF THE AEROGEN VIBRATING MESH NEBULISER VERSUS A STANDARD JET NEBULISER TO DELIVER BRONCHODILATORS IN MODERATE TO SEVERE ASTHMA IN THE EMERGENCY DEPARTMENT**

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**Aims/Objectives/Background** Nebulised bronchodilators provide effective therapy for patients with Asthma. We sought to investigate the effectiveness of vibrating mesh nebuliser (VMN) when compared to a standard jet nebuliser (JN) in patients with moderate-to-severe asthma presenting to the Emergency Department (ED). We compared time to discharge from ED, drug delivery, and rate admission when using VMN technology compared to the JN.

**Methods/Design** A prospective, single-centre, non-blinded study comparing the efficacy of the VMN (Aerogen Solo) against the current standard jet nebuliser (JN) (Cirrus2 Nebuliser) to deliver nebulised Salbutamol (2.5 mg) in moderate to severe adult asthma within the ED. Patients requiring bronchodilator therapy were allocated for each arm to receive medications via the VMN, or by standard JN. Patients were managed by emergency physicians according to the joint BTS guidance. The primary endpoint was time to discharge from ED (mins) after initial physician assessment, while among the secondary endpoints examined were Salbutamol dose (mg), and rate of
discharge from ED (binary). Time to discharge & salbutamol dose were summarized via the Median (IQR), and a non-parametric Mann-Whitney U test was applied to derive a p-value for the comparison. The mean (SD) was also tabulated. The rate of admission for each arm was calculated, and compared using a chi-squared test.

**Results/Conclusions** 124 patients completed the study. Time to discharge and salbutamol dose, were significantly lower in those patients treated with VMN showing a statistical significance (p=0.003 and p=0.023 respectively). VMN time to discharge: Mean (SD) 136.44 mins (89.50), VMN salbutamol dose 7.58 mg; In comparison to those treated in the JN arm. JN time to discharge: Mean (SD) 175.31 mins (97.15) JN salbutamol: 9.69 mg. No Statistical Significance for the rate of admission.

Treatment with a VMN led to a significant reduction in both the median length of stay and the requirement for bronchodilators in the ED.

This study reinforces perceptions that the PRU is effective at delivering definitive care in the community whilst paving the way for future follow-up studies amongst other PRU services.

**1032** MOBILE PHONES FOR HOMELESS PATIENTS IN THE EMERGENCY DEPARTMENT, A LIFELINE TO CONNECT WITH VITAL SUPPORT SERVICES DURING THE COVID-19 PANDEMIC

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Aims/Objectives/Background During the COVID-19 pandemic most of London’s homeless day centres and hostels had to close, essential support services and GP practices were only contactable by phone or online. This created a precarious situation for vulnerable street homeless, leaving them with limited access to food, safe places or health care. Homeless patients attending our ED within hours could access homeless team support. However, an audit in our ED in May 2020 revealed that 70–80% of our homeless patients attended out of hours. We identified this shortfall in care, so conducted a pilot project to supply mobile phones to 30 homeless patients to facilitate a follow-up with our homeless team. This is the first study of this kind in an emergency department in the UK.

**Methods/Design** Two grants from the GSTT charity and the Society of Catholic Medical Missionaries charity covered the purchase of 30 mobile phones. The phones were given together with contact numbers to 30 rough sleepers attending our department out of hours, who did not have access to a phone or an allocated support worker. In addition, we forwarded the patient’s details and mobile number to our homeless team who contacted the patient the next working day after discharge.

**Results/Conclusions** All 30 phones were given out during a 3 month period. ED staff referred 21 of the 30 patients to the homeless team. The homeless team was able to contact 17 patients. 4 patients were eligible for council housing and 3 patients received alternative accommodation with charities. 6 patients were referred to other services including the first fit clinic, domestic violence service, the HIV clinic and the community mental health team. These outcomes are significant and life changing for these individuals and, considering the low cost of one phone (£26 per phone including top-up), application for further funding has been submitted.

**842** MULTI-CENTRE IMPLEMENTATION OF THE SNAP PROTOCOL FOR PARACETAMOL OVERDOSE – FEWER ANAPHYLACTOID REACTIONS AND SHORTENED LENGTH OF STAY

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**Aims/Objectives/Background** Paracetamol overdose is the most common drug overdose in the UK. The standard treatment of Paracetamol toxicity is intravenous N-acetylcysteine (NAC)