discharge from ED (binary). Time to discharge & salbutamol dose were summarized via the Median (IQR), and a nonparametric 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.

**Aims/Objectives/Background** The Aneurin Bevan University Health Board (ABUHB) Physician Response Unit (PRU) aims to alleviate the pressure on its emergency departments (EDs) through the provision of physician-led community emergency medicine. An increasingly common prehospital model, the PRU brings the ED doctor to the patient with the aim of reducing the number of 999-callers requiring an ED visit. However, with no published ED follow-up studies amongst UK PRU services, how can physicians and commissioners ensure that PRU discharge in the community is synonymous with a prevented ED attendance?

This study aims to be the first to follow up and identify the proportion of patients attending the ED within 7 days of discharge by a PRU and to establish the factors associated with attendance.

**Methods/Design** Pilot retrospective observational analysis of 3 months of adult patients discharged by the ABUHB PRU in 2020. ED database searches identified patients attending the ED within 7 days of discharge. Patients were contacted for a scripted telephone satisfaction survey and responses alongside demographics were analysed for associations with ED attendance through odds ratios (OR), relative risk (RR) and Pearson’s chi-squared tests.

**Results/Conclusions** The 7-day ED attendance rate was 11.7% (12 out of 103 patients). Two thirds presented due to continued symptoms. Nine patients were admitted. Male sex was associated with an increased likelihood of ED attendance (OR=4.067, 95% CI 1.134–14.587, p=0.023) alongside being in the 40–50 and 51–61 age groups (RR 3.93; 95% CI 1.153–13.327 and RR 8.25; 95% CI 3.536–19.139 respectively). The modal satisfaction rating for overall experience through odds ratios (OR), relative risk (RR) and Pearson’s chi-squared tests.

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.

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

Simone Herrmann, Hooi-Ling Harrison, Sophie Parkinson, Hannah Russell. Guy’s and St Thomas’ NHS Foundation Trust

**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 Missions 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.

**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)