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.

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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 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.
which is usually given as a 21-hour infusion in UK hospitals. A 12-hour infusion known as the ‘SNAP’ regimen has been implemented in some centres and appears on TOXBASE. The SNAP regimen has been associated with fewer anaphylactoid reactions than the standard 21-hour treatment. The SNAP regimen was initiated in two District General Hospital Emergency Departments within the same NHS Trust as part of a quality improvement project (QIP) to determine whether anaphylactoid reactions and inpatient length of stay could be reduced.

Methods/Design Trust guidelines for Paracetamol overdose were revised advising the 12-hour SNAP regimen for treatment of adults along with a pre-filled prescription chart. A retrospective review of patient notes and electronic discharge letters was performed before and following the new guideline to identify patients who received NAC and whether they suffered any adverse reactions. The length of stay was also recorded.

Results/Conclusions In three months from August to November 2020, across both sites, 60 adult patients received NAC for Paracetamol overdose. Of these, four patients had anaphylactoid reactions to NAC. Following the introduction of the SNAP regimen, in three months between April and June 2021, 36 adult patients received NAC, and there were no adverse drug reactions.

Prior to the introduction of the new guideline and prescription chart adult patients admitted for Paracetamol overdose had an average inpatient stay of 48.3 hours compared to an average stay of 44.5 hours following the introduction of the SNAP regimen.

The SNAP NAC regimen was not associated with more adverse drug reactions and has decreased length of stay in adult inpatients with Paracetamol Overdose.

ACCURACY OF EMERGENCY (999) TELEPHONE TRIAGE FOR PREDICTING ADVERSE OUTCOMES IN SUSPECTED COVID-19: AN OBSERVATIONAL COHORT STUDY

1Carl Marincowitz, 2Peter Bath, 3Madina Hasan, 4Tony Stone, 5Richard Campbell, 6Richard Pibery, 7Janette Turner, 8Benjamin Thomas, 9Steve Goodacre. 1Northern General Hospital; 2Guy’s and St Thomas’ NHS Foundation Trust; 3Sheffield University; 4Yorkshire Ambulance Service

Aims/Objectives/Background In the first wave of the pandemic some ambulance services received three times their usual number of 999 calls. The increase was mostly due to calls from patients with respiratory symptoms. Call handlers must rapidly decide whether patients need an emergency face-to-face assessment or could access non-emergency services.

We assess accuracy of emergency telephone triage in identifying patients with suspected COVID-19 infection who need an ambulance response and identify factors which affect triage accuracy.

Methods/Design An observational cohort study of adults who contacted 999 emergency telephone services provided by Yorkshire Ambulance Service between the 18thMarch 2020 and 29th June 2020 with symptoms indicating possible COVID-19 infection was completed. Callers were linked to ONS death registrations and routine health care data collected by NHS Digital.

The accuracy of triage outcome (ambulance dispatch versus telephone advice) was assessed for death or organ support 30 days from first contact. Multi-variable logistic regression was used to identify factors associated with risk of false negative or false positive triage.

Results/Conclusions Of the 12, 655 callers, 11.1% experienced the primary outcomes. An ambulance was dispatched to 84.2% of callers. The decision to dispatch an ambulance achieved 95% sensitivity (95% CI: 93.7 to 96.1%) and 17.2% specificity (95% 16.5% to 17.9%) for adverse outcomes. Where an ambulance was not dispatched, patients had a 3.5% (2.8 to 4.4%) of subsequent deterioration. Of patients that received an ambulance only 57% were subsequently conveyed to hospital. Multivariable logistic regression modelling found false negative assessment was associated with younger age and female sex and false positive assessment was associated with malignancy, immunosuppression, respiratory and cardiovascular comorbidities.

Emergency telephone triage of patients with suspected COVID-19 achieved a high sensitivity to serious adverse outcomes. Further research is required to identify ways specificity of triage could be improved to reduce unnecessary ambulance dispatch.

DIAGNOSTIC ACCURACY OF POINT-OF-CARE LUNG ULTRASOUND FOR COVID-19: A META-ANALYSIS OF 19 STUDIES INCLUDING 3954 PATIENTS

1Ashley Matthies, 2Michael Trauer, 3Karl Chopra, 4Robert Jarman. 1Homerton University Hospital; 2Guy’s and St Thomas’ NHS Foundation Trust; 3Homerton University Hospital NHS Foundation Trust; 4Royal Victoria Infirmary

Aims/Objectives/Background There is a growing evidence-base concerning the role of Point-of-Care (POC) lung ultrasound (LUS) for the diagnosis of COVID-19. LUS is well-established for many respiratory illnesses and may convey several advantages over conventional imaging modalities and single initial reverse-transcriptase polymerase chain reaction (RT-PCR) testing for COVID-19.