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.

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 18th March 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.