Results/Conclusions The study revealed that 48 patients (14%) needed ICU admission, while 296 patients (86%) were admitted to a ward or quarantine facilities. When the patient's age was > 50, and NLR was \geq 3.10, it showed a sensitivity of 95.24% and a specificity of 92.86% for predicting the need for ICU admission. When NLR was \geq 4.21, and the patient's age was < 50, the sensitivity and specificity were 70.3% and 93.7%, respectively.

NLR proved to be highly specific and sensitive in helping to identify patients who need more invasive care among people over 50 years of age with COVID-19. Additionally, it can be used as a ruling out gadget for low-risk patients among people under 50 years old.

1148 HARNESSING A STUDENT NETWORK TO SUPPORT VALIDATION OF THE PATIENT REPORTED EXPERIENCE MEASURE FOR OVER 65S ATTENDING THE ED (PREM-ED 65+): INITIAL FINDINGS FROM A NOVEL COLLABORATIVE PROJECT

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Aims/Objectives/Background PREM-ED 65+ is an 83-item patient experience questionnaire for over-65s attending the ED. The final development stage will confirm psychometric properties in the real-world. Following recent successes of trainee-led collaborative studies, intercalated Urgent/Emergency Care students (University of Plymouth) were invited to participate in this study as student site investigators (SSIs).

We aim to outline this collaborative project and report challenges and successes encountered so far.

Methods/Design A cross-sectional study was designed to administer PREM-ED 65+ to eligible patients upon discharge. Students were invited to review the protocol/SSI role at outset. Senior faculty agreed to their participation; timetable conflicts were avoided. NHS and University ethics were obtained.

Thirty- two students within 19 EDs volunteered to become SSIs (64% of the cohort). All underwent training. Existing mentors were co-recruited as site PIs. Commencement—planned January 2021—was delayed until Mid-May due to administrative reasons.

Results Data collection is ongoing. Currently, twenty-two SSIs across 16 sites have recruited 272 participants in five weeks (median= 16 patients/site(R3—45); 10 accruals/SSI(R2—20)). Completion of all 83-items is near- perfect (97.8%). Sixty-four (23.5%) participants consented to a retest survey.

Average respondent age is 77 years (R65—100) with more females (58.6%). No differences in arrival mode or complaint type has been observed. Participant LOS is commonly >4 hours (51.3%) with very few treated within an hour (3.3%).

Per-item analysis will commence once the minimum sample (300) is achieved. Redundant items will be excluded; structural and criterion validity, and test- retest reliability will be assessed for remaining items.

Student feedback will be sought to evaluate the SSI role. **Conclusions** The student network has made an essential contribution. The efficiency of the collaborative model has mitigated significant commencement delay. Concerns such as conflicts with the academic programme have been allayed through involving students and faculty in design, and proactively arranging supervision and communication.

755 **RESEARCH PRIORITIES FOR PREHOSPITAL CARE OF** OLDER PATIENTS WITH INJURIES: SCOPING REVIEW

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Introduction and purpose The use of ambulance services by older patients with injuries increases within the impacts of ageing-related changes leading to adverse patient outcomes. There is increasing recognition of the importance of prehospital trauma care for older patients, but little systematic research to guide practice. We aimed to review the published evidence on prehospital trauma care for older patients, determine the scope of existing research and identify research gaps in the literature.

Methods A systematic scoping review guided by the Arksey and O'Malley framework reported in line with the PRISMA-ScR checklist. A systematic search was conducted of Scopus, CINAHL, MEDLINE, PubMed and Cochrane library databases to identify articles published between (2001–2021) years. Inclusion and exclusion criteria were applied independently by two reviewers. Data were extracted, charted and summarised from eligible articles.

Results 65 studies were identified and reviewed, and 25 included. Five categories were identified: 'field triage, 'ageing impacts', 'decision-making', 'paramedic' awareness' and 'paramedic's behaviour'. Undertriage & overtriage (sensitivity & specificity) were commonly cited as poorly investigated field-triage subthemes. Ageing-related physiologic changes, comorbidities and polypharmacy were the most widely researched. Inaccurate decision-making and poor early identification of major injuries were identified as potentially influencing patient outcomes. More research is required into paramedic knowledge of geriatric care & ageing changes and the potential impact of paramedic care.

Conclusion This is the first study reviewing the published evidence on prehospital trauma care for older patients and identifying research priorities for future research. This review has identified the prehospital triage for older trauma victims and studies of paramedic knowledge of older trauma care as key priorities. Investigating and understanding these can improve providing prehospital care of the older patient with injuries for positive patient outcomes.

833 USING THE GEMLR AS A PROXY FOR GLOBAL HEALTH ENGAGEMENT OF EMERGENCY CARE PRACTITIONERS

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Aims/Objectives/Background There is broad involvement of emergency medicine (EM) practitioners in global EM (GEM) research. However this work is often siloed, reducing efficiency of collaboration and impeding healthy critical appraisal. The purpose of this novel longitudinal study is to identify the GEM research undertaken by those in EM. Quantifying, displaying and understanding the 'who', 'what' and 'where' of such research is a key step to facilitate collaboration and highlight important gaps to ultimately drive quality in GEM research as a whole.