**Abstracts**

**1147 WINDOWS PREHOSPITAL ORAL TRANS-MUCOSAL FENTANYL CITRATE: PRELIMINARY EXPERIENCE AND POSSIBLE IMPLICATIONS FOR CIVILIAN MASS CASUALTY RESPONSE**

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Aims/Objectives/Background “The data below is pre-publication at the time of abstract submission.”

There is scope for improving medical care, including analgesia provision, in the pre-hospital phase of civilian mass casualty incidents (MCIs). The oral trans-mucosal fentanyl citrate (OTFC) lozenge has previously been identified as a possible method to address this need.

Methods/Design We conducted a clinical service evaluation following the introduction of 400µg OTFC lozenges within London’s Air Ambulance (LAA) for the provision of pre-hospital analgesia. Our primary objective of the study was to identify potential benefits and limitations for the OTFC lozenge’s adoption as a pre-hospital analgesic option in LAA’s civilian response to a MCI.

We retrospectively analysed all major trauma patients attended to by LAA between 1st January 2019 and 31st December 2020 who received a OTFC lozenge. We evaluated the patients’ mechanism of injury, initial vital signs and at handover at an Emergency Department (ED) and the need for additional rescue analgesia or sedation. We collected data on any adverse features including nausea, drowsiness or respiratory depression.

Results/Conclusions 190 patients were included in the data set, the majority having suffered penetrating trauma. We identified an increased need for rescue analgesia and sedation in blunt trauma patients requiring prolonged extrication or limb reduction. 1% (n=2) of patients presented with nausea requiring withdrawal of the lozenge. No patients had adverse features following use of the OTFC lozenge. Our findings were comparable to previous literature on the use of OTFC lozenges.

We argue that the OTFC lozenge has shown to be a safe and rapid method of delivering pre-hospital analgesia during LAA’s routine work. It has the advantage of not requiring intravenous access and presents a robust option for pre-hospital analgesia during a MCI.

**774 SURVEY TO INVESTIGATE THE CURRENT USE OF PRE-HOSPITAL BLOOD PRODUCT BY AIR AMBULANCE SERVICES IN THE UNITED KINGDOM**

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Aims/Objectives/Background It is thought that administering pre-hospital blood products (PHBP) in traumatic haemorrhagic shock can increase survival. The resuscitation with Pre-Hospital Blood Products (RePHILL trial) was a multi-centre, randomised controlled trial of pre-hospital blood product administration versus standard care for traumatic haemorrhage designed to answer this question. In 2016 less than half of all air ambulance services (AAS) in the United Kingdom (UK) carried PHBP. In 2019 this number had increased to 18/22 AAS. The aim of this survey was to review the current use of PHBP by AAS in the UK prior to publication of the RePHILL trial.

Methods/Design On the 21st April 2021, all UK AAS were emailed using the contact address published on their website with a standardised email asking about their current use of PHBP. AAS who did not reply were followed up with a second email three weeks later. Complete non-responders had their websites searched for blood product terms to see if the service reported their use.

Results/Conclusions 17 out of 22 AAS replied to the survey. Information was extracted from a further three AAS websites. 17 AAS reported carrying packed red blood cells, seven carried fresh frozen plasma, six carried Lyoplas, two carried fibrinogen and one carried Beriplex. No AAS reported carrying platelets. Two AAS reported not carrying any PHBP.

In 2016 less than half of UK AAS carried PHBP, now almost every service is adopting their use. To have widespread practice changes such as this over the last five years demonstrates how quickly the field of pre-hospital emergency medicine is evolving. Carrying PHBP brings a cost to services and risk to patients. If the RePHILL trial fails to demonstrate an outcome benefit from PHBP once published, it will be interesting to see whether AAS continue to employ a PHBP model for traumatic haemorrhage resuscitation.

**809 SURVEY OF CURRENT AND FORMER ACADEMIC CLINICAL FELLOWS IN EMERGENCY MEDICINE IN THE UK**

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Aims/Objectives/Background Academic emergency medicine (EM) is a young field in the United Kingdom (UK) with a small critical mass of clinical academics, who have protected time to conduct research alongside clinical duties. There is little published information on the academic training available to emergency physicians.

In the UK, academic clinical fellowships (ACFs) offer a structured opportunity for trainees to develop skills and experience in research alongside clinical training. We aimed to capture information on the prior experience of emergency medicine (EM) fellows, as well as how the ACFs were structured and the next career steps for fellows upon completion.

Methods/Design A ten-question survey was designed by the project steering committee and circulated UK wide to all current fellows in EM and those that completed the programme in the last five years. Fellows were identified by contacting programme leads in every region. Data was collected via SurveyMonkey® between 18th February 2021 and 25th March 2021.

Results We approached a total of 34 EM ACFs. The survey yielded a 91% (n=31) response rate (13 current, 18 completed within 5 years). One university from Wales and ten from England have supported EM ACF schemes. 59% (n=10) of those who have completed the scheme had their clinical training extended to accommodate research time. In the remainder, fellows were expected to achieve clinical competencies in the same time as trainees who did not spend time on research. In those who had completed the ACF programme (n=18), one third of respondents are doing PhD training (n=6) and one is an academic clinical lecturer.