

Results and Conclusion The findings indicated that 54.7% (52/95) of participants preferred to be seen in the Paediatric Emergency Department (PED), with 16-year olds showing a higher preference (62.2%) compared to 17-year olds (48.0%). Additionally, 58.9% (56/95) desired a choice in treatment location, and 67.4% (64/95) expressed a preference for age-specific wards during admissions. Notably, participants with learning disabilities (12/95) exhibited a significantly higher preference for PED (83.3%).

On average, 10 patients between the ages 16-17 attend ED per day with 8 discharged. At the very most, enabling patient choice will result in an additional 1-2 admissions per day spread across adult/paediatrics wards, and specialities.

The findings recommend exploring the accommodation of 16-17-year olds in both adult ED and PED, and potentially establishing specialised wards for older teenagers. Additionally, evaluating the adequacy of existing sensory-friendly spaces is recommended.

2321

ACCURACY OF AND PATIENT COMPLIANCE WITH NHS111 ADVICE GIVEN BY CLINICALLY VS NON-CLINICALLY TRAINED CALL-HANDLERS REGARDING PAEDIATRIC PATIENTS

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Aims and Objectives The NHS111 telephone triage service aims to direct patients to the correct level of care and reduce pressure on urgent and emergency care (UEC) services. However, some studies show NHS111 is associated with increased UEC use. Previous research in adults identified low patient compliance with NHS111 advice and risk-averse over-triaging by 'Non-Clinically Trained Call-handlers' (NCTCs) as contributing to UEC demand. Patient compliance and triaging accuracy were also positively associated with the call-handler's clinical skill. Here, we examined whether this relationship existed for calls regarding paediatric patients aged under 16.

Method and Design We performed a retrospective observational analysis using a large, linked routine UEC dataset. All NHS111 calls made in the entire Yorkshire region between 1/4/2013-31/3/2017 concerning paediatric patients (1,155,310 calls) were linked with subsequent visits to emergency departments (EDs) within 48 hours. Logistic regressions were performed to investigate whether, after controlling for complaint type, the call-handler's clinical skill level predicted the advice given, its accuracy, and patient compliance.

Results and Conclusion Clinically Trained Call-handlers (CTCs) were much more likely than NCTCs to recommend self-care (OR=10.75*) and less likely to recommend ambulance conveyance (OR=0.43*), ED attendance (OR=0.76*) or primary care (OR=0.18*). Patients were less likely to attend ED following self-care advice from a CTC vs NCTC (OR=0.06*).

Patients attending ED following consultation with a CTC vs NCTC were more likely to receive a low-urgency ED classification if they received NHS111 advice to self-care (OR=1.25*) or seek primary care (OR=1.09*), but less likely to receive a low-urgency classification if advised to attend ED (OR=0.947*)

CTCs typically recommend lower-acuity dispositions for paediatric patients. ED attendance patterns suggest that

patients have more trust in CTCs, and ED urgency classifications indicate that CTCs triage more accurately. This has implications for managing the trade-off between employing highly-skilled call-handlers vs accurate triaging and reducing unnecessary UEC use.

2028

IS LANGUAGE A BARRIER TO INCLUSION IN RESEARCH IN PAEDIATRIC EMERGENCY MEDICINE? A RAPID REVIEW OF PEM RESEARCH IN THE UK

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Aims and Objectives English language skill is an indicator of health status in the UK. Evidence suggests that people requiring translation services are often excluded from research, therefore contributing to already existing health inequalities within the country.

Data on the exclusion of people requiring translation services in paediatric emergency medicine (PEM) research is scarce. This review aims to gain insight on whether people requiring translation services are being excluded from PEM research, and to explore the barriers to inclusion faced by researchers.

Method and Design Structured review of PEM studies published in three major journals between 2016-2021. Journals reviewed were Archives of Disease in Childhood, BMJ Emergency Medicine, and the Lancet Adolescent and Child Health; as well as published studies by the Paediatric Emergency Research in the UK and Ireland (PERUKI) Network. Studies were included if they were carried out in a PEM setting and required consent from participants. An electronic survey was then sent to corresponding authors of the included studies.

Descriptive statistics (frequencies and percentages) were used to provide information about variables. Free text survey responses were reviewed for common themes.

Results and Conclusion 1687 articles were found initially; 18 met the inclusion criteria. Eight studies (44.4%) reported exclusion of people requiring translation services. Nine studies (50%) made no mention of whether people requiring translation services were included or excluded in the study. 11 out of 18 survey responses were received. The key themes to exclusionary practice identified were oversight, access to adequate translation services (including cost implications), and lack of guidance.

English language proficiency was reported to be a reason for exclusion from participation in PEM research. Various challenges to inclusive practice regarding language in PEM research were identified. These challenges require further exploration to inform the development of guidance and strategies; ultimately leading to better inclusion of people requiring translation services in PEM research.

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RCEM Free Papers

2300 DOOR-TO-ANTIBIOTIC TIME ON MORTALITY OF ADMITTED SEPSIS PATIENTS: SYSTEMATIC REVIEW AND META-ANALYSIS

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Aims and Objectives In 2021, the Surviving Sepsis Campaign International Guidelines advised clinicians to administer antimicrobials within 1h and 3h to sepsis patients with and without shock respectively. We aim to evaluate whether the timing of antibiotic administration in admitted sepsis patients affects mortality.

Method and Design Studies published up to 19 May 2022 in PubMed, Ovid EMBASE, Web of Science, and Cochrane were included. Interventional and observational studies including adult human patients with suspected or confirmed sepsis and reported time of antibiotics administration with mortality were included. Risk of bias was assessed by Newcastle-Ottawa Scale or Cochrane Risk of Bias Tool. Data were extracted and summary estimates were calculated using random-effects models. (PROSPERO: CRD42020137814).

Results and Conclusion We included 43 articles (190,974 patients). Pooled OR for mortality for patients who received antibiotics ≤ 1 h was 0.85 (95%CI:0.68-1.07) comparing with patients who received antibiotics > 1 h. Reductions in the risk of death in patients with earlier antibiotic administration were observed in patients at 3h (OR:0.80, 95%CI:0.68-0.95) and 6h (OR:0.58, 95%CI:0.39-0.86). In subgroup analysis of sepsis patients with shock, pooled ORs for mortality at the time points of 1, 3 and 6h for antibiotic administration were 0.95(0.73-1.22), 0.80(0.64-1.01) and 0.77(0.84-1.11) respectively. Among sepsis patients without shock, the pooled ORs for mortality at the time points of 1, 3 and 6h for antibiotic administration were 1.05(0.66-1.68), 1.27(1.05-1.53) and 0.53(0.38-0.74) respectively.

Our findings suggest reduced mortality in sepsis patients with administration of antibiotics within 3h for all sepsis patients. In addition, our results do not support the current recommendations to administer antibiotics within 1h and 3h to sepsis patients with and without shock respectively. However, with limited numbers of articles in our subgroup analysis, further studies investigating the timing of antibiotics on mortality in sepsis patients with/without shock are required.

Emergency Medicine (General)

2106 SALBUTAMOL FOR ANALGESIA IN RENAL COLIC

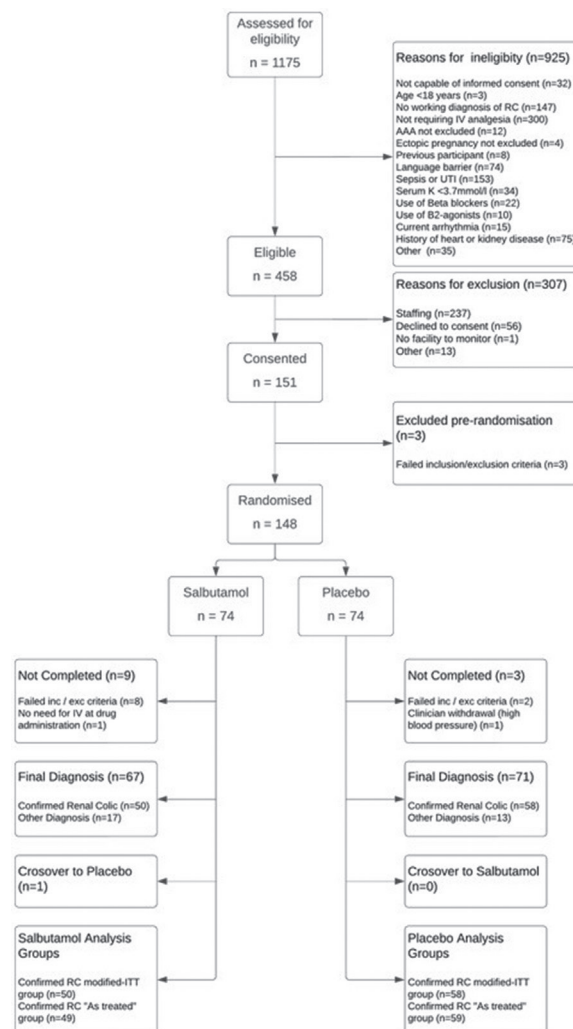
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Renal colic is pain experienced when a renal calculus causes partial or complete obstruction of the renal outflow tract; pain results from ureteric spasm, increased peristalsis, increased pressure at the renal pelvis, and prostaglandin release with inflammation. Lifetime incidence is approximately 12% in males and 6% in females, with recurrence rates approaching 50%.

The standard analgesic regimes for renal colic are often ineffective and associated with significant side effects; in some studies less than half of patients achieve complete pain relief, a large proportion of patients require rescue analgesia within



Abstract 2106 Figure 1