

four hours, and nausea, vomiting and drowsiness are frequently reported.

Salbutamol is a beta agonist in widespread use across healthcare services. It has been hypothesised that beta agonists may reduce the pain of renal colic by promoting ureteral relaxation, reducing the frequency of ureteral contractions, and reducing renal pelvic pressure. Salbutamol has the benefits of parenteral administration, rapid onset of action, and the ability to be used as an outpatient in inhaled form.

**Method and Design** This randomised, placebo-controlled, double-blind Phase II study provides the first evidence concerning the analgesic effects of salbutamol when added to the standard regime for emergency department patients with renal colic. Participants received conventional analgesia at clinicians' discretion; they were randomised to receive either 250mcg intravenous salbutamol or placebo. Pain scores were collected using a VAS at baseline, 15, 30, 60, and 120 minutes, and then 4-hourly thereafter.

**Results and Conclusion** Formal statistical analysis of the results is pending, but provisional results suggest a trend towards benefit that does not reach the pre-determined levels of clinical or statistical significance. Full analysis will be available in time for the conference.

recent years and is now well recognised as contributing towards patient harm. Less is known about the implications of crowded departments on staff. Recent EM research priorities have advocated identifying means to optimise trainee well-being, retention and recruitment. Using a qualitative methodology, we aimed to ascertain if crowding impacts the well-being of EM Trainees.

**Method and Design** Following ethical approval, we used a variety of methods including through Twitter®, an email campaign and purposively to recruit participants to partake in online focus groups exploring aspects of crowding. With consent, groups were audio-recorded and transcribed verbatim. Data were analysed using reflexive thematic analysis. We sought to identify latent themes and refined these through discussion.

**Results and Conclusion** Between October 2022 and March 2023, we conducted 13 focus groups involving 67 EM Trainees in the United Kingdom. We identified three themes. The first, Risky Business, addresses trainees' anxieties over patient safety and professional risk: 'it [crowding] makes our department unsafe'; '[crowding] forcibly changes us to change our take on risk.' The Pressure Cooker, considers how crowding feels in real time for trainees referring to both physical/sensory overload and daily frustration: 'it feels out of control. Because you've got patients in, well, everywhere.' Finally, The Longer We Hold it, the Heavier it Gets, refers to the longer-term repercussions of crowding: 'just to emphasise how bad it [a constantly crowded department] makes me feel, just generally, and it bleeds into the rest of your life'; it's [crowding] seriously affecting our mental health.'

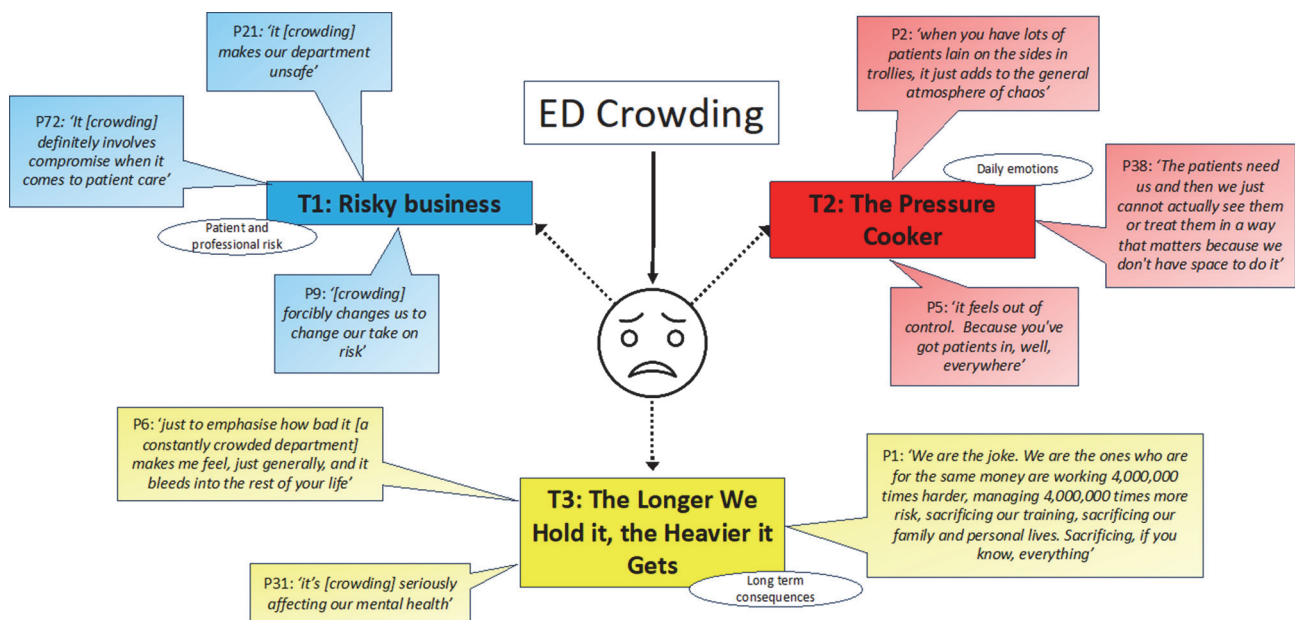
In conclusion, in this large, qualitative study, we identified crowding as having deleterious short- and long-term effects on the well-being of EM trainees. This adds further impetus to pleas from the EM community to policymakers to address the known contributors to ED crowding.

**2039 'IT'S SERIOUSLY AFFECTING OUR MENTAL HEALTH': THE IMPACT OF EMERGENCY DEPARTMENT CROWDING ON THE WELL-BEING OF EMERGENCY MEDICINE TRAINEES**

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**Aims and Objectives** Emergency Department (ED) crowding has dominated discourse around Emergency Medicine (EM) in



**Abstract 2039 Figure 1** How crowding feels as an EM trainee – themes and representative quotes. P = participant, T = theme