

FOREIGN BODY IN VAGINA	34	0	10	29.4	0[0, 10]
TREMOR	33	0	15	45.5	0[0, 10]
INJURY TO GENITAL AREA	32	0	4	12.5	0[0, 11]
PALE COLOUR	27	0	18	66.7	0[0, 12]
HYPOTHERMIA	23	3	11	47.8	13.04[4.5, 32]
SPONTANEOUS BRUISING	22	0	5	22.7	0[0, 15]
INJURY OF CERVICAL REGION OF BACK (DISORDER)	21	0	6	28.6	0[0, 15]
NOSE : CONGESTION	20	0	3	15	0[0, 16]
EAR : RINGING IN EARS (TINNITUS)	17	0	3	17.6	0[0, 18]
ELECTRICAL EXPOSURE (INC. LIGHTNING)	14	0	1	7.1	0[0, 22]
PREGNANCY RELATED : GREATER THAN 20 WEEKS	14	0	10	71.4	0[0, 22]
FOREIGN BODY IN RECTUM	13	0	4	30.8	0[0, 23]
BLUE COLOUR (CYANOSIS)	10	1	4	40	10[1.8, 40]
PHOTOPHOBIA	9	0	4	44.4	0[0, 30]
INFANT WITH EPISODES NOT BREATHING (APNOEA)	8	0	3	37.5	0[0, 32]
STATES VICTIM OF SEXUAL ASSAULT	8	0	0	0	0[0, 32]
TRAUMATIC AMPUTATION	7	0	4	57.1	0[0, 35]
RESPIRATORY ARREST	6	3	6	100	50[19, 81]
INJURY OF ANUS	6	0	2	33.3	0[0, 39]
INSOMNIA	5	0	0	0	0[0, 43]
NEAR DROWNING	5	0	2	40	0[0, 43]
CARDIAC ARREST DUE TO TRAUMA	4	2	4	100	50[15, 85]
NEUROLOGIC PROBLEM	2	0	2	100	0[0, 66]
CONSULTANT REVIEW	1	0	1	100	0[0, 79]
DECREASED FETAL MOVEMENT	1	0	1	100	0[0, 79]
HICCUGHS	1	0	0	0	0[0, 79]
POSTNATAL ASSESSMENT	1	0	1	100	0[0, 79]
	84999	1159	25395		

use of electronic patient records (EPR) offers the potential for automated triage. The mortality risk and need for hospital admission associated with the different presenting complaints in a standardised national data set has not been previously reported. This study aimed to quantify the risks of death and hospitalisation from presenting complaints. This would be

valuable in developing automated triage tools and decision support software.

Method and Design We conducted an observational retrospective cohort study on patients who visited ED in 2021.

Data regarding the initial presentation of a patient was obtained from a single hospital's EPR. The presenting complaints related to subsequent attendances were excluded. This patient list was then manually matched with a routinely collected list of deaths. All deaths that occurred within 30 days of attendance were included.

Results and Conclusion Data was collected from 84,999 patients, of which 1,159 people died within 30 days of attendance.

The mortality rate was the highest in Cardiac arrest (78.05%), Cardiac arrest due to Trauma (50%) and Respiratory arrest (50%). Drowsy (11.97%), Hypothermia (13.04%) and Cyanosis (10%) were also high risk categories. Chest pain was not a high risk presenting complaint. (table 1)

The initial presenting complaint in ECDS shows a useful ability to identify people at high and lower risk of death. This information may be useful for building automated triage models.

APEM Lightning Papers

2064

GOING GREEN AND ON SCREEN: DIGITALISING PATIENT INFORMATION RESOURCES IN A PAEDIATRIC EMERGENCY DEPARTMENT

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Aims and Objectives Safety net advice and provision of written resources are core to delivering safe care in paediatric emergency medicine.

In 2020 a new QI project commenced at Sheffield Children's NHS Foundation Trust (65,000 PEM attendances/year) aiming to digitalise all paper information leaflets into an electronic format.

Aims:

- Enhanced access to reliable information
- Paper saving
- Ease of updating information

Method and Design

- Review of all paper leaflets
- Upload of new digital resources into an electronic library
- Creation of shareable eye-catching boards in common areas
- Change of departmental processes to remove paper leaflets as the first offer to families

Review of resources offered staff opportunities for involvement in QI and learning how to write optimal patient information. Peer review was undertaken by the 2 authors.

The project formed part of a cross-Trust project.

Communications colleagues were a key resource, supporting overall branding, IT support and project management.

Results and Conclusion

- Since go-live (August 2022) electronic resources have become the standard first offer for families

- 44 core electronic ED resources cover safety net advice for common conditions, health promotion and signposting links to support health inequalities
- Sharing options: scanned via QR code (see figure 1), sent via text/SMS or printed to avoid impacts related to digital poverty
- All resources can be translated via a Google translate function (132 languages)
- The entire trust library of 1358 resources are accessible to any clinician and any patient user



Abstract 2064 Figure 1 Patient information board

On average, ED resources are accessed 4675 times/month.

Top 5 being:

- Head injury
- Family support/wellbeing
- Fever
- Bronchiolitis
- Cast care

Benefits:

- Improved, wide-ranging, standardised and translatable accessible information
- Enthusiastically supported by ED colleagues
- Inbuilt 2-way feedback facility between families and team, generating overwhelmingly positive qualitative feedback
- Financial and ecological savings related to reduced printing and paper
- An auditable tool to support clinical guidelines and governance which can be regularly and easily reviewed and updated

2023 IN PAEDIATRIC TRAUMA PATIENTS PRESENTING TO A PAEDIATRIC MAJOR TRAUMA CENTRE, DOES THE CHOOSING WISELY CRITERIA SAFELY REDUCE THE RATE OF ABDOMINAL CT SCANNING?

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Aims and Objectives Intra-abdominal injury is found in only 2.5% of paediatric trauma patients representing a large proportion of patients undergoing unnecessary exposure to ionising radiation and increased cancer risk from CT abdomen scans. Multiple guidelines exist to aid decision-making for CT abdomen requisition in trauma patients. Alder Hey Children's Hospital use the North West Children's Major Trauma Network guidelines (NWCMTN) for CT abdomen requisitions in trauma. A level one paediatric trauma centre in Canada developed the Choosing Wisely criteria which resulted in a statistically significant absolute reduction in CT abdomen scanning by 20% with no missed injuries.

Aims:

- Assess adherence to NWCMTN guidelines
- Quantify patients at very low risk of intra-abdominal injury as per Choosing Wisely to determine whether CT abdomens could be safely reduced

Method and Design A retrospective MediTech data search identified 249 CT abdomens performed for patients presenting to the ED at Alder Hey between September 2019 and December 2022 for retrospective comparison against NWCMTN guidelines and the Choosing Wisely criteria.

Primary outcomes were the number of CT abdomens performed, CT outcome and the proportion of scans that adhered to NWCMTN guidelines.

Results and Conclusion Intra-abdominal injury was found in 20.9% of all scans, 96.4% of CT abdomen requisitions adhered to NWCMTN guidelines. NWCMTN guidelines identified 3.6% of patients with no indications for a CT abdomen. The Choosing Wisely criteria identified 5.2% of patients at very low risk of intra-abdominal injury with no indications for a CT abdomen.

Almost all decisions to perform a CT abdomen in paediatric major trauma in the ED at Alder Hey are consistent with the NWCMTN guidelines. CT abdomen scans could be safely reduced by adopting the Choosing Wisely criteria. This audit highlights the importance of maximising guideline adherence and the challenge of identifying patients at very low risk of intra-abdominal injury.

2134 EVIDENCE BASED MEDICINE – A FORCE FOR ENVIRONMENTAL SUSTAINABILITY

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Aims and Objectives After reading the FORCE publication our hospital set out to adopt the suggestions of the study and manage torus or 'buckle' fractures with the offer of a bandage instead of a wrist splint. The full FORCE study report includes detailed health economic results but it struck us that