Interventions and diagnostics

**EFFECTS OF INFORMATIVE VIDEOS TO EMPOWER PARENTS IN HANDLING ACUTELY ILL CHILDREN: A RANDOMIZED CONTROLLED TRIAL**

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**Background** Copenhagen Emergency Medical Services (CEMS), Denmark, serves the Capital Region and receives about 200,000 out-of-hours calls/year regarding children. About 40% are referred for further assessment at hospital, but less than two thirds of these children need medical treatment. We studied if parents could be empowered in handling children with mild symptoms at home by informative videos, and thereby reduce hospital admissions.

**Method** A prospective randomized controlled trial was conducted from 13th October, 2020 – 2nd December, 2021. Parents who called CEMS with children aged 0.5–11.9 years were offered access to informative videos before reaching telephone triage. Parents who accepted were randomized to intervention (receiving videos only) or control (standard telephone triage). Parents could repeat call for triage. Both groups received an electronic survey including questions on self-efficacy the following day. Hospital charts were reviewed blinded to randomization for hospital referrals within 72 hours. Main outcomes were high self-efficacy score and delayed hospital admissions or deaths. Secondary outcomes were treatment, duration of hospitalization, and number of engaged users of the videos.

**Results** A total of 4687 children were included. Only data from preliminary analysis of the first 400 surveys is available now. The self-efficacy score was high in 84.7% (149/176) of patients referred for further assessment at hospital, and number of engaged users of the videos. The self-efficacy score was high in 84.7% (149/176) of patients referred for further assessment at hospital, and number of engaged users of the videos.

**Conclusion** Preliminary results showed equally high score of self-efficacy of parents in both groups. The use of videos appeared to be safe.

**Conflict of interest** None.

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**CPR PERFORMANCE WITH USE OF A CPR FEEDBACK DEVICE**

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**Background** Quality cardiopulmonary resuscitation (CPR) correlates to out-of-hospital cardiac arrest (OHCA) survival. A real-time feedback device can guide rescuers towards delivering quality CPR. This study reports results of CPR quality during practice and during emergency use.

**Method** Rescuers in 17 OHCA cases used the CPRcard, a real-time feedback device, that they received/used during their CPR training. Corresponding weighted average of CPR quality measures (rate and depth) during training sessions were computed for comparison. Optimal CPR rate and depth in Singapore are 100–120cpm and 40–60mm, respectively. Paired t-tests were used for analysis.

**Results** There was no difference in average compression rate between practice (109.69) and emergency use (110.94;