were significantly higher than half-way scores (5, 3–6, \( p<0.001 \)) and arrival at hospital scores (4, 3–5, \( p<0.001 \)). The scores covered a wide range of the scale at each measurement, with values ranging from: 1) 4–10, 2) 0–8, and 3) 0–8.

**Conclusion** The pilot study showed that 76% were able to use the scale. Scores were distributed on a wide range of the scale at all three measurements, and a significant decrease in scores were registered over time. These results indicate that the use of a verbal rating scale is feasible for assessing subjective intensity of acute dyspnoea in the prehospital setting.

**REFERENCE**


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### 17 ACCURACY IN EMERGENCY MEDICAL DISPATCH

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**Aim** To compare the accuracy in priority level between two Swedish dispatching protocols – Medical Index, the criteria based protocol currently in use, and the newly developed Rapid Emergency Triage and Treatment System – Alarm (RETTS-A).

**Methods** A randomised controlled non-blinded simulation study was performed at the EMCC in Stockholm, Sweden, between 2015-10-27 and 2016-03-17. 48 call takers, recruited from all EMCs in Sweden, handled 26 emergency medical calls each, simulated by experienced standard patients. Manuscripts for the scenarios were based on real life emergency medical calls, representing the six most common chief complaints. A crossover-model with 13+13 calls was used.

**Results** 1293 unique calls were performed, 646 calls with Medical Index and 647 calls with RETTS-A. According to the predetermined priority level for each case, \( n=349 \) (54.0%) were assessed correct with Medical Index and \( n=309 \) (47.8%) with RETTS-A (\( p=0.02 \)). Over triage was 38% in Medical Index and 28% in RETTS-A. A proper correlation of under triage was 6% and 23% respectively. According to the predetermined medical condition for each case, \( n=492 \) (76.2%) were assessed correct with Medical Index and \( n=460 \) (71.1%) with RETTS-A (\( p=0.03 \)).

**Conclusion** The new dispatch protocol RETTS-A, had a lower accuracy for priority level than the protocol in current use, Medical Index, and a higher level of under triage. This is the first large study evaluating Medical Index. Despite Medical Index being the superior tool it has a low overall accuracy.

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