studies in four UK ambulance services involved observing clinical work, focus groups with ambulance clinicians, interviews with key stakeholders and analysis of routine data.

**Results** Baseline survey: 7/13 services were using ePCR, with mixed compliance from staff. Reported benefits concerned improved data access for audit. Of the 6/13 services currently using paper records, four had previously adopted ePCR, but reverted. Case studies: Initial findings suggest some common themes:

- **Constant change:** 3/4 services were already undertaking or considering transition to a second generation system; 1/4 was undertaking a phased rollout of ePCR.
- **Digital diversity:** no standard hardware or software in use.
- **Indirect input:** patient data was still sometimes transferred to the ePCR from another source (eg writing on a glove) or entered retrospectively.
- **Data dump:** ePCRs acted mainly as a store, rather than transferring information to other care providers or supporting decision making.

**Conclusion** Although ePCRs offer opportunities to support prehospital care, the transition to the new technology is neither linear nor co-ordinated, with full benefits not yet realised in terms of integration and data sharing.

**REFERENCES**


**Conflict of interest** None

**Funding** UK National Institute for Health Research.

---

**CLAUDIA PRESENTATION OF PULMONARY EMBOLISM AMONG PATIENTS IN THE EMERGENCY DEPARTMENT**

1G Nadim*,1U Ekelund,2J Lundberg,3M Brabrand*,4H Jensen,4A Lassen. 1Odense University Hospital, Odense Denmark; 2Lund University Hospital, Sweden; 3Helsingborg Hospital Sweden; 4Hospital of South West Jutland, Denmark

**Aim** Pulmonary embolism (PE) is an important clinical entity known to cause a wide range of symptoms. Morbidity and mortality of PE are high. However, knowledge of symptomatology is sparse. Aim: To elucidate the clinical presentation of emergency department (ED) patients diagnosed with PE.

**Methods** We carried out a cross-sectional study of adult patients attending the EDs at Odense University Hospital and Hospital of Southwest Jutland. The main symptom at presentation was prospectively registered. ED and hospital discharge diagnosis was sampled from the Danish national health registry. Patients with PE were identified based on discharge diagnoses (ICD-10 code I26.0 or I26.9) from the ED or following hospitalisation.

**Results** Among 24 124 contacts to the EDs, 322 (1.3%) were diagnosed with PE. The main presenting symptom was respiratory distress (31%; n=101), while 26% (n=83) had symptoms suspicious of heart disease such as dyspnea of cardiac cause, chest pain and palpitation, 8% (n=27) fainting/syncope or suspected neurological disorders, 8% (n=26) pain in the lower limb, and 6% (n=18) had fever as their main symptom.

**Conclusion** PE patients have a wide variety of symptoms and most PE patients present with other symptoms than dyspnea.

**Conflict of interest** None

**Funding** None