

73 TIA PREHOSPITAL REFERRAL FEASIBILITY TRIAL (TIER): RECRUITMENT AND INTERVENTION USAGE

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10.1136/10.1136/bmjopen-2018-EMS.73

Aim Early specialist assessment of Transient Ischaemic Attack (TIA) can reduce the risk of stroke and death. We assessed feasibility of undertaking a multi-centre cluster randomised trial to evaluate clinical and cost effectiveness of referral of patients attended by emergency ambulance paramedic with low-risk TIA directly to specialist TIA clinic for early review.

Method We randomly allocated volunteer paramedics to intervention or control group. Intervention paramedics were trained to deliver the intervention during the patient recruitment period. Control paramedics continued to deliver care as usual. Patients with TIA were identified from hospital records.

Results Development and recruitment phases are complete, with outcome follow up ongoing. Eighty nine of 134 (66%) paramedics participated in TIER. Of 1377 patients attended by trial paramedics during the patient recruitment period, 53 (3.8%) were identified as eligible for trial inclusion. Three of 36 (8%) patients attended by intervention paramedics were referred to the TIA clinic. Of the others, only one appeared to be a missed referral; in one case there was no prehospital record of TIA; one was attended by a paramedic who was not TIER trained; one patient record was missing; all others were recorded with contraindications: FAST positive (n=13); ABCD2 score >3 (n=5); already taking warfarin (n=2); crescendo TIA (n=1) other clinical factors (n=8).

Conclusion Preliminary results indicate challenges in recruitment and low referral rates. Further analyses will focus on whether progression criteria for a definitive trial were met, and clinical outcomes from this feasibility trial.

Conflict of interest None

Funding None

74 PARAMEDICS' EXPERIENCES OF ADMINISTERING FASCIA ILIACA COMPARTMENT BLOCK TO PATIENTS WITH SUSPECTED HIP FRACTURE

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10.1136/10.1136/bmjopen-2018-EMS.74

Aim Pre-hospital pain management for hip fracture is inadequate, with risk of complications, particularly from morphine. Fascia Iliaca Compartment Block (FICB) is used in hospital. The RAPID trial tested feasibility of paramedics administering FICB to patients with suspected hip fracture at the scene of injury.

Method We held three focus groups with 11 paramedics serving one hospital, audio-recorded with participants' consent. Two researchers, one paramedic and one lay member conducted thematic analysis of interview transcripts.

Results Respondents believed FICB was a suitable intervention for paramedics to deliver, aligning with their routine practice

and within people's capabilities to administer. They said it took up to 10 min longer than usual care to deliver, in part due to nervousness and unfamiliarity with a new procedure. They praised the training provided but said they were anxious about causing harm by injecting into the wrong location. Reported challenges related to the emergency context: patients often waited many hours for ambulance arrival; they sometimes needed to be moved from awkward locations which exacerbated pain; family and neighbours were present as paramedics administered treatment. Although uncertain whether FICB reduced patients' pain more effectively than other pain relief options, respondents believed it was safer for elderly people.

Conclusion Paramedics are willing and able to administer FICB to patients with suspected hip fracture before ambulance transport to hospital. Feasibility study findings will inform a research proposal for a definitive multi-centre trial of paramedic administered prehospital FICB.

Conflict of interest None

Funding None

75 TRIAGE OF ELDERLY CITIZENS CALLING A DANISH MEDICAL HELPLINE

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10.1136/10.1136/bmjopen-2018-EMS.75

Aim Symptom description and degree-of-worry (DOW) by elderly contacting a medical helpline are poorly described.¹ Several diagnoses may be associated with preventable admissions for elderly citizens,² and increased risk of over-and-under-triage.³ We aimed to investigate how symptoms and worry are described by elderly citizens (age 65 and older) when they call a medical hotline.

Method A mixed method design on data gathered from a three-week 2017 cohort, where callers rated their DOW on a 1–5 scale. A sub-cohort of 65+years was used. The National Patient Register gave data on admissions. Calls made by the patients (patient-caller) was included for the qualitative analysis (n=90).

Results A total of 1530 acutely ill or injured elderly called the medical helpline. n=755 (50%) were patient-callers and n=364 (48%) of these had a high DOW. Of all patient-callers n=216 (28.6%) were triaged to face-to-face consultation and n=73 (9.7%) were subsequently admitted. The preliminary qualitative analysis led to the hypothesis that patient-callers often expressed exacerbation of chronic diseases (which are part of the preventable admission) and often lived alone. Those that were not triaged to face-to-face consultation were frequently offered one, but rejected because of the obstacles of leaving their home. The majority of patient-callers triaged to face-to-face consultation expressed that their general practitioner was not able to help them.

Conclusion The majority of the elderly patient-callers was very worried and lived alone. Most of the calls concerned exacerbation of a chronic condition and most of the symptoms fitted the described preventable admission diagnoses.