heart rate >90 bpm; 1 point for seizures or 2 points for seizures with known diagnosis of Epilepsy; 1 point for Age <40 years or 2 points for age <30 years; 1 point for headache with known diagnosis of Migraine; 1 point for FAST-ve. A score of ≥2 on STEAM predicted SM diagnosis in the derivation dataset with 5.5% sensitivity, 99.6% specificity and positive predictive value (PPV) of 91.4%. External validation (n=1,848, 33% SM) showed 5.5% sensitivity, 99.4% specificity and a PPV of 82.5%.

Conclusion STEAM uses common clinical characteristics to identify SM patients with high certainty. The benefits of using STEAM to reduce SM admissions to stroke services need to be weighed up against delayed admissions for stroke patients wrongly identified as SM.

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| 7 | WE NEED SUPPORT! |

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Aim New and inexperienced emergency medical service (EMS) professionals lack important experience. To prevent medical errors and improve retention there is an urgent need to identify ways to support new professionals during their first year in the EMS.

Method A classical Delphi technique in four rounds was used. A purposeful sample and snowball technique was used and generated an expert panel of 32 registered nurses with 12–36 months of EMS experience. In round one telephone interviews were undertaken to identify what support professionals new to the EMS desire during their first year. Content analysis of the transcribed interviews yielded 70 items which were developed into a questionnaire. In subsequent three rounds the experts graded each item in terms of perceived importance on a 5-graded likert scale. Consensus level was set at 75 percent.

Results Desirable support was categorised into eight areas: Support from practical skills exercises, support from theoretical knowledge, support from experiences based knowledge, theoretical support, support from an introduction period, support from colleagues and work environment, support from management and organisation and other support. The experts agree on the level of importance on 64 items regarding desirable support. Of these, 63 items were considered important, graded 4 or 5. One item was considered not important, graded 1 or 2.

Conclusion Even with requested formal competence of the professionals, the EMS context poses challenges where a wide variety of desirable forms of support is needed. Support structures should address both personal and professional levels and be EMS context oriented.

| 8 | RAPID ANALGESIA FOR PREHOSPITAL HIP DISRUPTION (RAPID) |

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Aim Pain relief in prehospital care is a challenge in trauma, especially for those with hip fractures, whose injuries are difficult to immobilise and whose long term outcomes may be adversely affected by administration of opiates. Fascia Iliaca Compartment Block (FICB) is routinely undertaken by hospital clinicians, but has not been fully evaluated for use by paramedics in prehospital care.

Method Nineteen paramedics were trained; they randomly allocated eligible patients to trial arms using audited scratchcards. Patients were followed up to assess availability of outcomes including quality of life, length of admission, pain scores, and adverse events. Findings were analysed against pre-specified progression criteria.

Results Seventy-one patients were randomised by paramedics (28/6/16 – 31/7/17); 57 consented to follow up. The only outcome which reached a statistically significant difference between groups was the proportion of participants who received morphine (38% difference between groups 95% CI: −61.88 to −15.79). There was a difference of approximately nine days in the length of admission between trial arms (mean difference 9.12 (95% CI: −20.51 to 2.27).

Conclusion RAPID met its pre-specified progression criteria; a funding application for a fully-powered RCT will therefore be submitted. We will consider the use of length of stay as the primary outcome, as findings indicated a difference between groups without reaching statistical significance.

| 9 | THE SAME BUT DIFFERENT – VARIATIONS IN STAKEHOLDERS' PRIORITIES, VIEWS ON RANDOMISATION AND FUNDING OF PREHOSPITAL CRITICAL CARE FOR OUT-OF-HOSPITAL CARDIAC ARREST |

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Aim Prehospital critical care for out-of-hospital cardiac arrest (OHCA) is a complex and largely unproven intervention. During research to examine this intervention, we noted significant differences in stakeholders' views about research,