regard to the retrospective study design, the findings challenge current guideline recommendations regarding PHECG in patients with acute stroke.

Conflict of interest None

Funding University of Surrey School of Health Sciences PhD scholarship.

PARENTS’ EXPERIENCES OF THE CARING ENCOUNTER IN THE AMBULANCE SERVICE- A QUALITATIVE INTERVIEW STUDY

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10.1136/10.1136/bmjopen-2018-EMS.15

Aim Care provided by the ambulance service is often associated with emergency medicine, traumatology and disaster medicine this leaving a rather scant volume of research on children and their parents’ perspective on the care received. Aim: To explore parents’ experience of caring encounter in the ambulance service.

Method A qualitative design with interviews and an inductive qualitative content analysis was used.

Results 14 parents described 16 encounters with ambulance personnel. Overall they expressed satisfaction with the care their children received. The parents described the significance when the personnel gave the family enough time, created a safe environment and involved the parents in the care. The parents felt unsafe when there were lack of communication and sensitivity, the equipment was not adaptable for children, and the parents was not invited to participate in the care.

Conclusion In order to improve the care in the ambulance it is imperative that we understand what parents want and value. Overall, parents’ experiences was positive, but there is a need to strengthen the family-centred care in the ambulance service. Not inviting the parents to participate in the care, using not adaptable equipment caused a sense of uncertainty, lack of trust and increased level of stress among the parents. This may be caused by a lack of training or knowledge on caring of children among the personnel, managers need to acknowledge this in the ambulance personnel’s continues medical education. Further intervention studies aiming to develop the family-centred care in the ambulance service is needed.

Conflict of interest None

Funding Founding was provided by Karolinska Institutet FoBi scholarship.

SUDDEN CARDIAC DEATH: AS SUDDEN AS COMMONLY THOUGHT OR DO WE KNOW OUR PATIENTS BEFORE?

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10.1136/10.1136/bmjopen-2018-EMS.17

Aim About 100.000 people per year suffer from sudden cardiac death in Germany.1 In most of the cases (75%) this is cardiac-associated.2 According to this it appears to be probable that many patients did already have pre-existing cardiac diseases and might have been under medical treatment before. The aim of this study was to evaluate how many patients, who suffered from out-of-hospital cardiac arrest (OHCA), had documented diagnoses in the appropriate CA centre before.

Method In this retrospective, observational study data was analysed based on the local documentation in the German Resuscitation Registry of the Emergency Medical Service of the city of Aachen. This data was matched with documentation of the local CA centre concerning pre-existing conditions and diagnoses for a five-year period (2012 to 2016).

Results Overall 904 patients (Mean age 70±18 years) suffered from OHCA. Among these 41,9% (n=379) have been under medical treatment in the university hospital of Aachen during the last 3,7±4,5 years. 50,9% (n=193) of these had cardio-pulmonary issues and 42,5% (n=161) were under medical treatment because of cardiac problems.

Conclusion The analysis shows that more than 40% of these patients, who were resuscitated during the years of 2012 to

EMERGENCY MEDICAL SERVICES PHYSICIANS’ PERCEPTIONS OF AMBULANCE NURSES’ RESPONSIBILITY FOR REFERRING PATIENTS TO PRIMARY CARE AND SELF-CARE – A SWEDISH NATIONAL SURVEY

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10.1136/10.1136/bmjopen-2018-EMS.16
Aim Ultra-acute hyperglycaemia is common after out-of-hospital cardiac arrest (OHCA) and return of spontaneous circulation (ROSC) and it is associated with increased mortality. The mechanisms of the ultra-acute hyperglycaemia are not known. Because these probably differ from stress induced hyperglycaemia, we aimed to study the changes in glucose metabolism mediators during prehospital post-resuscitation phase.

Method We included 30 successfully resuscitated patients in two physician-staffed prehospital critical care units in this observational study. Blood was drawn at the time of ROSC and again at the arrival to the hospital. Insulin, glucagon, glucagon-like peptide 1 (GLP-1) were measured from both samples. Additionally, interleukin-6 (IL-6), cortisol and HbA1C were measured from the hospital sample.

Results 28 patients qualified for final study (71% were without diabetes). Median time interval between the samples was 96 min (IQR 85–119). At the time of ROSC patients were hyperglycaemic (11.2 mmol/L, IQR 8.8–15.7) with insulin and GLP-1 concentrations corresponding fasting levels (10.1 mU/L, IQR 4.2–25.2 and 6.3 ng/ml, IQR 5.2–9.0, respectively). Glucagon was in normal range (141 ng/L, IQR 105–240). Median glucose change during prehospital phase was −2.2 mmol/L (IQR −3.6 to −0.2). No consistent change in the hormone concentrations was observed during prehospital phase. No significant correlation was observed between change in plasma glucose and change of insulin (p=0.13, r=0.30), glucagon (p=0.17, r=0.29), or GLP-1 (p=0.13, r=0.32) nor with IL-6 (p=0.75, r=−0.07)), cortisol p=0.52, r=0.13) or HbA1c (p=0.08-r=0.34) respectively.

Conclusion Hyperglycaemia is common immediately after OHCA. High level of variability between patients was observed in the hormonal responses and no specific hormonal mechanisms for hyperglycaemia was identified. However, possibly due to global ischaemic insult, hyperglycaemia in the early post-resuscitation period seems to differ from those commonly linked to SIH.

Conflict of interest None

Funding None

PREVENTABLE MORTALITY IN PATIENTS AT LOW RISK OF DEATH REQUIRING PREHOSPITAL AMBULANCE CARE: RETROSPECTIVE CASE RECORD REVIEW STUDY

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Aim Retrospective case record reviews (RCRR) have been widely used to assess quality of care but evidence for their use in prehospital ambulance services is limited. We aimed to review case records of potentially avoidable deaths related to ambulance care.

Method We identified patients who were transported to hospital or died using linked ambulance-hospital-mortality data from one UK ambulance service over 6 months in 2013. Death rates (within 3 days) for patient groups (based on age, dispatch code and urgency) were determined; 3 patients calling in-hours and 3 out-of-hours were selected from categories with the lowest death rates. Five reviewers (GP, nurse, 2 paramedics and medical health service manager) assessed anonymised patient records for quality of care and avoidable mortality.

Results We selected 29 linked records from 1 50 003 focussing on patients not transported to distinguish pre-hospital from