

Grenoble Alpes University Hospital (Grenoble, France) between October 2017 and April 2018. Non severe adult trauma patients with a numerical pain rating scale (NRS) score ≥ 4 and receiving MEOF were included. The primary efficacy criterion was the proportion of patients with an NRS score ≤ 3 at 15 min post-administration. Pain intensity was measured for 60 min as well as during radiography. Data on adverse events and satisfaction were also recorded. Data are presented as median [interquartile (IQR)] and were compared using non parametric tests. **Results:** A total of 200 adult patients were included (age: 32 [IQR: 23–49] years; 126 men (63%)). Patients presented at triage with a pain score of 7 [IQR: 6–8]. Sixty-six patients (33%) reported an NRS score ≤ 3 at 15 min post-administration. The time required to achieve a decrease of at least 2 points in the NRS score was 10 [IQR 5–20] min. The pain intensity was 4 [IQR: 2–5] before radiography and 4 [IQR: 2–6] during radiography. Adverse events were frequent ($n = 128$, 64%), mainly dizziness. No serious adverse events were reported and 89% of minor adverse events resolved at one hour. Both patients and health care providers reported good levels of satisfaction. **Conclusion:** The administration of a nurse-driven multimodal analgesia protocol combining paracetamol, oxycodone, and low-dose methoxyflurane was feasible on triage. It rapidly produced long-lasting analgesia in adult trauma patients.

Keywords: low-dose methoxyflurane, nurse-driven protocol, trauma pain

P090

A scoping review on patient race, ethnicity, and care in the emergency department

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Introduction: Health disparities between racial and ethnic groups have been well documented in Canada, the United States, and Australia. Despite evidence that differences in emergency department (ED) care based on patient race and ethnicity exist, there is a lack of scientific reviews in this important area. The objective of this review is to provide an overview of the literature on the impact of patient race and ethnicity on ED care. **Methods:** A scoping review guided by the framework described by Arksey and O'Malley was undertaken. This approach was taken because it was best suited to the goal of providing an overview of all of the literature, given the broad nature of the topic. All studies with primary outcomes considering the impact of patient race and ethnicity on "throughput" factors in the ED as defined by Asplin et al., were considered. Outcomes considered included triage scores, wait times, analgesia, diagnostic testing, treatment, leaving without being seen, and patient experiences. Literature from Canada, the United States, Australia, and New Zealand was considered. A database search protocol was developed iteratively as familiarity with the literature developed. Inclusion and exclusion decisions were made using an established model. **Results:** The original search yielded 1157 citations, reduced to 453 after duplicate removal. 153 full texts were included for screening, of which 85 were included for final data extraction. Results indicate there is evidence that minority racial and ethnic groups experience disparities in triage scores, wait times, analgesia, treatment, diagnostic testing, leaving without being seen, and subjective experiences. Authors' suggested explanations for these disparities can be placed in the following categories: (1) communication differences; (2) conscious or unconscious bias; (3) facility and resource factors in hospitals with higher minority presentation rates; and (4) differences in clinical presentations. **Conclusion:** This

scoping review provides an overview of the literature on the impacts of race and ethnicity on ED care. As disparities have been shown to exist in numerous contexts, further research on the impact of race and ethnicity in ED care is warranted, especially in the Canadian literature. Such explorations could aid in the informing and creation of policy, and guide practice.

Keywords: disparities, ethnicity, race

P091

Lumbosacral spinal imaging and narcotic prescription for patients presenting to the emergency department with non-traumatic low back pain

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Introduction: Choosing Wisely Canada guidelines suggest that in the absence of red flags or clinical indicators suggestive of serious underlying conditions, physicians should not order radiological images for patients presenting with non-specific low back pain, and current recommendations do not endorse routine prescribing of opioids for this condition. The objective of this study was to determine how many patients presenting to the ED with non-traumatic low back pain have spinal imaging and how many are discharged home on opioids. **Methods:** We conducted a retrospective medical record review for adult (>17 years) patients presenting to an academic tertiary care ED with non-traumatic low back pain from April 1st 2014 to March 31st 2015 (pre-guideline) and April 1st 2017 to March 31st 2018 (post-guideline). Patients were excluded if they were >70 years old, were not discharged home, had a traumatic injury, features of cauda equina syndrome, weight loss, history of cancer, fever, night sweats, chronic use of systemic corticosteroids, chronic use of illicit intravenous drugs, first episode of low back pain over 50 years of age, abnormal reflexes, loss of motor strength or loss of sensation in the legs. **Results:** 1060 (545 pre-guideline, 515 post-guideline) were included. Mean (SD) age was 39.6 (12.3) years and 549 (51.8%) were female. Pre-guideline, 45 (8.3%) patients had spinal imaging, compared to 39 (7.6%) post-guideline (Δ 0.7%; 95% CI: -2.6% to 4.0%). Of the 84 (7.9%) patients who had spinal imaging, 4 (8.9%) had pathologic findings pre-guideline, compared to 10 (25.6%) patients post-guideline. The proportion of patients discharged home with a prescription for opioids was lower after the Choosing Wisely Canada guidelines (40.9% vs. 11.1%; Δ 29.8%; 95% CI: 24.8% to 34.7%). **Conclusion:** Choosing Wisely Canada guidelines did not appear to alter the rate of imaging for patients presenting to the ED with non-traumatic low back pain. Overall the rate of spinal imaging was lower than expected. The proportion of patients who were discharged home with a prescription for opioids was lower after the Choosing Wisely Canada guidelines, however we don't know if this represents an overall trend in the reduction of opioid prescribing, or a specific change in practice related to the ED management of low back pain.

Keywords: low back pain, opioids, spinal imaging

P092

Volunteer engagement in the emergency department: A scoping review

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