

male (AOR = 1.94; 95% CI 1.11 - 3.40), and reported that their overdose was unintentional (AOR = 2.95; 95% CI 1.04 8.35) and caused by illegal opioids (AOR = 4.73; 95% CI 2.63 8.52) were significantly more likely to be offered a THN kit. **Conclusion:** ED-based THN programs have the potential to reach significant proportions of patients at high risk of mortality. However, these programs may have differential reach within the target population. Further research is needed to examine barriers and facilitators to offering all eligible ED patients a THN kit. **Keywords:** Take Home Naloxone, opioids, overdose

LO19

Understanding discharge communication behaviours in a pediatric emergency care context: a mixed methods study

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Introduction: Optimal discharge communication between healthcare providers and parents who present to the emergency department (ED) with their children is not well understood. Current research regarding discharge communication is equivocal and predominantly focused on evaluating different delivery formats or strategies with little attention given to communication behaviours or the context in which the communication occurs. The objective of this study was to characterize the process and structure of discharge communication in a pediatric ED context. **Methods:** Real-time video observation and follow-up surveys were used in two academic pediatric EDs in Canada. Parents who presented with their child to the ED with one of six illness presentations, a Canadian Triage Acuity Score of 3-5 were eligible to participate. All ED physicians, learners, and staff members were also eligible. Provider-parent communication was analyzed using the Roter Interaction Analysis System (RIAS) to code each utterance. Parent health literacy and anxiety were measured upon admission to the ED. Parent recall of important discharge information and satisfaction with communication was assessed within 72 hours of discharge. **Results:** A total of 107 ED patient visits were video recorded and a total of 70,000 utterances were coded across six illness presentations: abdominal pain (n = 23), asthma (n = 7), bronchiolitis (n = 4), diarrhea/vomiting (n = 20), fever (n = 27), and minor head injury (n = 26). The average length of stay for participants was 3 hours, with an average of three provider interactions per visit. Interactions ranged in time from less than one minute up to 29 minutes, with an average of six minutes per interaction. The majority of visits were first episodes for the presenting illness (63.2%). Physician utterances coded most commonly involved giving medical information (22.9%), whereas nurses most commonly gave orientation instructions (20.9%). Learners were most likely to employ active listening techniques (14.2%). Communication that provided post-discharge instructions for parents comprised 8.5% of all utterances. Overall, providers infrequently assessed parental understanding of information (2.0%). Only 26% of parents recalled receiving important discharge information deemed relevant to their child's disposition. Yet, parent satisfaction with the amount of information communicated during the ED visit was generally high (89.6% agreed or strongly agreed). **Conclusion:** This is the first study of ED discharge communication to be conducted in a pediatric setting using video observation methods. Provider-parent communication was predominantly characterized by giving medical information, with little time devoted to preparing families to care for their child at home. Greater assessment of parent comprehension of discharge communication is needed to ensure that parents understand important instructions and know when to seek further care.

Keywords: discharge communication, pediatric emergency care, mixed methods

LO20

Emergency department initiated drug therapy and patient compliance in acute renal colic

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Introduction: NSAIDs offer more effective analgesia than opioids, require less rescue medication, and decrease the incidence of nausea and vomiting in renal colic patients. Alpha blockers and Opioids are also prescribed frequently, but doses used and treatment durations are not well described. Our objective was to investigate ED prescribing decisions and medication compliance by patients with acute renal colic. **Methods:** In this prospective two-city cohort study, we invited patients with a first ED visit for image-confirmed 2-10 mm ureteric stones to consent to a telephone survey 10 days after their ED visit. During follow-up interviews, patients were asked what drugs they were prescribed and how many doses they required. This study was REB approved. **Results:** A convenience sample of 224 patients, including 152 males (67.9%) and 72 females (median age = 52.4 years) completed 10-day surveys. NSAIDs were prescribed for 48.7%, tamsulosin for 65.2% and opioids for 81.7%. One-third received a tamsulosin-NSAID combination, 40% an opioid-NSAID combination and 28% a tamsulosin-NSAID-opioid combination. Of 109 patients prescribed an NSAID, only 70 (64.2%) took 1 dose/day; however an additional 28 who were not prescribed NSAIDs took 1 NSAID dose/day. Mean (sd) NSAID intake in the overall study group was 1.1 (1.5) doses/day from day 1-5 and 0.6 (1.1) doses/day on days 6-10, with 90%ile values of 3.0 and 2.0 doses/day. NSAID compliance was more common in patients who stated they received high quality discharge instructions (63.8% vs. 32.6%; RR = 1.95; 95% CI 1.47-2.60). Mean opioid intake in the overall study group was 1.2 (1.7) doses/day from day 1-5 and 0.5 (1.3) doses/day on days 6-10, with 90%ile values of 4.0 and 2.0 doses/day. Among patients prescribed tamsulosin, the average was 4.0 days of compliance (sd = 4.3), with a 90%ile value of 10 days. **Conclusion:** This study provides estimates for the amount of drug actually used by renal colic patients during the 10-days after their ED visit. Patients used fewer opioid doses than expected, and NSAID and tamsulosin compliance appears relatively poor. NSAID compliance was better in patients who perceived high quality discharge instructions. This study suggests there is room for improvement in medication prescribing and discharge instructions for ED patients with an acute episode of ureteral colic.

Keywords: renal colic, nonsteroidal anti-inflammatory drug, pharmacology

LO21

Ability of single negative ultrasound to rule out deep vein thrombosis in pregnant women: A systematic review and meta analysis

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Introduction: The accuracy of ultrasound (US) for diagnosing lower extremity deep vein thrombosis (DVT) in non-pregnant patients has been well validated. However, in pregnant women with suspected DVT and an initial negative US (with imaging of the iliac veins), serial US is recommended. We aimed to determine the ability of single negative US to exclude DVT in symptomatic pregnant women. **Methods:** Two authors independently reviewed the following databases: MEDLINE,