Background and Aims Artificial intelligence (AI) has been widely used in anaesthesiology, but recent advances promise to revolutionize its application in the field. Epileptic seizure prediction is clinically useful for patients with epilepsy, improving safety, increasing independence, and allowing for acute treatment.

Methods In this paper, eighteen AI algorithms were used in two different EEG datasets to predict epileptic seizures and obtained good results.

Results In the Bonn EEG database, ETC has the best test accuracy, SGDC has the smallest SD, and SVM has the highest F1 score; in the CHB-MIT Scalp EEG database, RF has the best test accuracy and the highest F1 score, SGDC has the smallest SD. The test accuracy of all artificial intelligence methods is above 75%, the standard deviation is less than 0.7, and the F1 score is above 0.06.

Conclusions The tree classifier may be the best predictor of epilepsy during anaesthesia in the EEG database. In the future, more AI algorithms suitable for epilepsy prediction will be further explored and verified. More unpopular but important AI algorithms will be applied to explore better ML solutions. AI could be a valuable ally for anaesthesiologists who want to increase their productivity and potentially improve their accuracy.
Abstract B167

We designed and delivered a modular RA teaching programme, aiming to increase confidence and skill acquisition for anaesthetic trainees.

Methods
Sixty trainees enrolled onto our programme over a 16-month period. RA fellows and consultants taught five modules; the first two sessions covered ultrasound imaging, equipment and needling, with the remainder targeting commonly encountered Plan A blocks (popliteal, sciatic, axillary and interscalene brachial plexus blocks). Relevant educational material was emailed prior to each module. Small group teaching was employed, using simulator equipment, anatomical models, and live scanning to ensure that key concepts, especially anatomy, were adequately grasped. Feedback was sought after each module. Due to regular trainee rotation, individuals could resume where they left off upon return to our Trust at a later date.

Results
Average confidence across multiple modules (where 1 is low and 5 is high) increased from 2.91 before attending to 4.28 after attending sessions. All trainees either agreed or strongly agreed that the sessions were appropriate for their training needs.

Conclusions
The regional anaesthesia passport programme has led to a demonstrable improvement in confidence relating to core aspects of RA amongst trainees.

B168
SEVERE ALLERGIC REACTION AFTER GENERAL ANAESTHESIA AND PECS BLOCK

Karmaniolou, Patel. Guy’s and St Thomas’ NHS Foundation Trust, London, UK; West Middlesex University Hospital, Isleworth, Middlesex, UK

Background and Aims
PECS block is an established regional block for patients undergoing mastectomy (1).

Methods
A 38 year-old woman was scheduled for total mastectomy and sentinel lymph node biopsy for breast cancer and was consented for a PECS II block and a general anaesthetic. She was on ramipril and bisoprolol for a decline in LV function following chemotherapy. She reported no known allergies.

Results
Anaesthesia was induced with fentanyl 100mcg, propofol 200mg and rocuronium 30mg iv for facilitation of endotracheal intubation. Following induction an ultrasound-guided PECS II block was carried out with no complications. Thirty mls of l-bupivacaine were used in total. Shortly after amoxicillin/clavulanic acid was given iv and the surgeon injected blue dye. Five minutes after skin incision the patient’s blood pressure dropped to 50/20 mmHg. No rush was noted. 100% oxygen was given. Allergy to the antibiotic or the local anaesthetic was suspected and the patient was treated as such. After a total of 450mcg of adrenaline the patient was stabilized. A decision was made to proceed with the procedure. At the end she was transferred to ICU and extubated the same night. She attended an allergy clinic two weeks later where allergy to the blue dye was diagnosed.

Conclusions
Blue dye allergy is a rare but potentially devastating adverse effect of blue dye injection for breast surgery and can present without the typical signs of oedema, urticaria and bronchospasm (2). Even though intra-operative allergic reactions are caused mostly by muscle relaxants (70%), latex (10%) and antibiotics, blue dye should always be considered (2,3).

B169
DEVELOPMENT OF AN INTEGRATED CHEST TRAUMA REFERRAL PATHWAY AND DECISION MAKING AID

Leadbeater, Emmerson, Egan. The Royal London Hospital, Barts Health NHS Trust, London, UK

Background and Aims
Patients with rib fractures are at high risk of morbidity and mortality. After initial resuscitation, management is focused on timely administration of multimodal analgesia and supportive therapies to prevent secondary complications.

We aimed to develop a system that can expedite the identification of patients with rib fractures to the Trauma Anaesthesia Group whilst also prompting referring clinicians to recognise high risk patients and institute locally agreed multimodal analgesia protocols.