Abstract B167 Figure 1

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.

Abstract B167 Figure 2

Abstract B167 Figure 3

B168 SEVERE ALLERGIC REACTION AFTER GENERAL ANAESTHESIA AND PECS BLOCK

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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 30 mg 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

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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.
Methods The Trauma Anaesthesia Group, Pain Service and Information Technology department in our hospital collaborated to develop an electronic referral pathway capturing relevant patient data in a system that can feedback patient risk stratification and recommended analgesia.

Results We have developed an electronic tool within the clinical record system that captures patient demographics, vital signs and level of oxygen therapy. Automatic calculation of the chest trauma STUMBL score(1) allows risk stratification, identifying those at high risk of morbidity. In-built prompts guide referring clinicians to discuss high risk patients with Critical Care and recommend optimal multi-modal analgesia so that this can be started from hospital admission. Finally, the referral pathway acts as a portal to the Trauma Anaesthesia Group to enable efficient screening and early intervention with regional anaesthetic techniques, where indicated.

Conclusions Development of an electronic referral pathway will be used for early identification and risk stratification of patients with chest trauma, including evaluation for suitability of regional anaesthetic techniques.

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**B170**

ESTABLISHING CONSENSUS TO IMPROVE ACCESS TO REGIONAL ANAESTHESIA FOR RIB FRACTURE PATIENTS USING DELPHI METHODOLOGY

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Background and Aims In 2017, our hospital implemented a dedicated multi-disciplinary chest trauma pathway, which recommends regional anaesthesia techniques for patients at high risks of complications(1). The number of patients identified with rib fractures on admission has increased resulting in referral for regional anaesthesia in 176 patients in 2021 alone. This has increased the workload of the on-call anaesthesia service and can result in delays. We used Delphi methodology to inform improvements within this service.

Methods Using Delphi methodology, an expert panel of consultant anaesthetists were invited to provide possible solutions to improve access to regional anaesthesia and patient flow in emergency theatres. Responses were then presented to the panel to score their agreement with each solution using a Likert scale from 1 (completely disagree) to 5 (completely agree). Solutions with a mean of >4.0, and standard deviation (SD) <1.0 were considered to have reached consensus. Solutions that failed to gain consensus were returned to the panel for a further round of scoring, with statistics from the previous round revealed. Anonymity was assured.

Results 22 consultants were invited to participate, and responses were summarised into 14 solutions (table 1). We received 13 responses in Round 1 and 8 in Round 2 of the Delphi process. In total, 5 solutions reached consensus (graph 1).

Conclusions Delphi methodology allows an equal voice, anonymity, and the consideration of a wide range of opinions and solutions. Limitations include a low response rate and inadvertent introduction of bias. However, gaining expert consensus is highly beneficial in informing service improvement.

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**B171**

THE EFFECT OF MUSIC AND NOISE CANCELLATION ON INTRAOPERATIVE ANXIETY USING STAI-6 SCORE IN PATIENTS UNDERGOING LOWER LIMB SURGERIES UNDER SPINAL ANAESTHESIA

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Background and Aims The purpose was to investigate the effect of music and noise cancellation on intraoperative anxiety in patients undergoing spinal anaesthesia for lower limb orthopedic surgeries. The objectives were to determine the