difference in change in anxiety score (STAI-6), sedation score (Ramsay Sedation Score), hemodynamic variables from baseline to the end of the surgery, mean communication difficulty (Likert’s scale) and mean satisfaction score (VAS-S).

Methods After Ethical Committee approval, patients satisfying inclusion criteria were randomized into 1 of the three groups- Group A- Headphones attached, music was played, Group B- headphones attached, no music was played, Group C- No headphones attached or music played. Baseline hemodynamic scores and anxiety variables were noted. Hemodynamic variables were also noted throughout the procedure till the end of the surgery. STAI-6, VAS-S, Likert-5 point scores and Ramsay Sedation Scores noted at the procedure end.

Results SATI-6- Significant reduction in anxiety in groups A & B vs C . VAS-S- Group B patients had significantly more satisfaction compared to Groups A & C. Hemodynamic Variables- Significant difference in the groups mean SBP was compared. No significant difference between the 3 groups when mean DBP, MAP, SpO2 were compared.

Ramsay Sedation Score- Significant difference when RSS was compared between Groups A vs C and B vs C. Likert Communication difficulty Score- Significant difference was seen in groups A & B vs when compared to Group C regarding Communication difficulty

Conclusions Music and active noise cancellation effectively reduce anxiety, lower the systolic BP, improved sedation scores but no effect on other hemodynamic parameters.

**Abstract B172**

**A DEDICATED CHEST TRAUMA PATHWAY INCREASES ACCESS TO REGIONAL ANAESTHESIA IN THOSE WITH HIGH CHEST TRAUMA SCORES**


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**Background and Aims** In 2018, we implemented a multidisciplinary chest trauma pathway, which includes a validated scoring system to identify patients at high risk of morbidity and mortality, and a suggested analgesic plan including the use of regional anaesthesia, predominantly recommending erector spinae catheters.

We performed a retrospective study of the utilisation of regional anaesthesia in patients at high risk of morbidity and mortality in 2017. The chest trauma pathway was then introduced and data was collected prospectively thereafter. We analysed data for 2018, 2019 and 2021 to examine potential improvement and whether it was sustained over time. Data was not collected for 2020 due to covid-19.

**Methods** Retrospective and prospective data analysis for patients with chest trauma scores >21 (high risk), and >31 (very high risk) before and after the introduction of the chest trauma pathway.

**Results** We identified a total of 115 patients with a chest trauma score of >21 and 58 with a score of >31. In 2017, regional anaesthesia was used in 45% (n=5) of patients with a score >21 and 28% (n=2) with a score >31. This rose to 57% (n=11) and 87% (n=7) respectively in 2018, 58% (n=17) and 76% (n=10) in 2019, and 63% (n=82) and 81% (n=39) in 2021 (see table 1).

**Conclusions** Over time, our study shows that a dedicated chest trauma pathway not only identifies more patients admitted to hospital with significant rib fractures at high risk of complications, but through enhanced multi-disciplinary care, consistently improves access to simple regional anaesthetic techniques such as erector spinae catheters.