

Conclusions Tegaderm with suturing was the most effective method of catheter fixation, requiring a force several times that required to displace catheters secured using other means. However, Tegaderm and Dermabond provide effective fixation while also being both more cost-effective and patient/operator friendly. Consequently, we changed our department's catheter fixation policy to advocate routine use of skin glue.

EP183 OVERCOMING BARRIERS TO IMPLEMENT GUIDELINES FOR THE INSERTION OF ERECTOR SPINAE ANALGESIC CATHETERS IN THE EMERGENCY DEPARTMENT OF A MAJOR TRAUMA CENTRE

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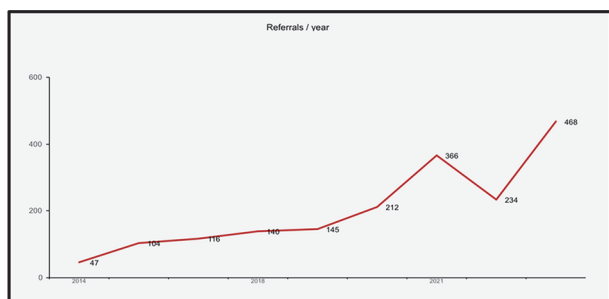
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Background and Aims In high risk patients, pain arising from rib fractures can lead to pulmonary complications with associated morbidity, mortality and cost implications. Optimising pain relief is vital and regional analgesia (RA) is viewed as the gold standard. In a major trauma centre, referrals for analgesia in patients with chest wall trauma continue to rise (figure 1), and where regional analgesia has traditionally been limited to the operating theatre complex, delays in performing RA for this at-risk group impact patient outcomes.

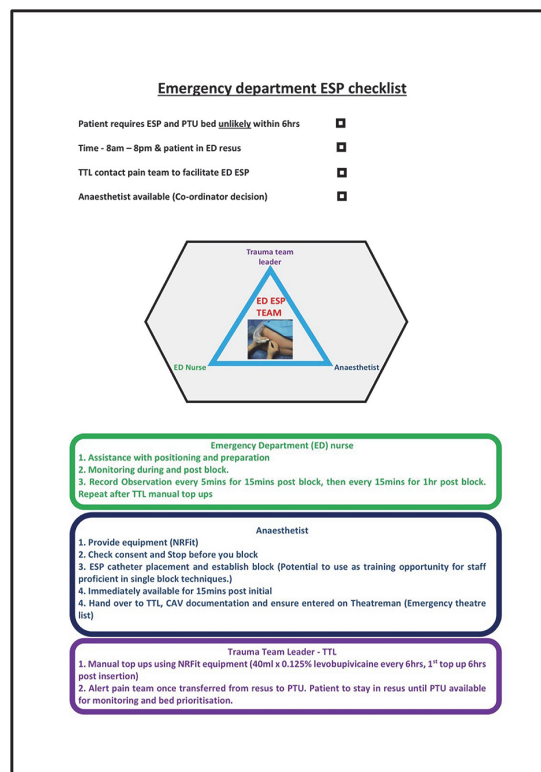
Methods A multidisciplinary working party scoped opportunities for performance of RA for rib fractures in the emergency department (ED). Detailed stakeholder analysis identified numerous barriers to be overcome.

Results Barriers included: • Capacity required to train ED staff on catheter placement and management • Governance of non-anaesthetic staff performing catheter techniques • Concerns of potential drug errors with in situ catheters • Speciality prioritisation of patients with rib fractures • Reduced availability of anaesthesia providers during out of hour periods. An infographic of the resultant guideline highlights how key barriers were addressed by the working group (figure 2).

Conclusions Effective interdepartmental working can lead to service innovation and improvement. Minimising delays in performing RA will positively impact patients admitted to our centre with major chest trauma, and helps to embed RA within service provision.



Abstract EP183 Figure 1 Number of blunt chest trauma analgesia referrals per annum in a major trauma centre in the United Kingdom



Abstract EP183 Figure 2 Infographic adopted into practice by a major trauma centre as a standard operating procedure for performing ESP catheters within the emergency department

EP184 REGIONAL ANAESTHESIA TECHNIQUES FOR MANAGEMENT OF CHEST WALL TRAUMA IN A SCOTTISH TERTIARY MAJOR TRAUMA CENTRE: A RETROSPECTIVE SERVICE EVALUATION AND OUTCOME ANALYSIS

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Background and Aims Chest wall trauma is a notorious anaesthetic challenge and high opioid analgesia requirements, hypoventilation, hypostatic pneumonia and respiratory failure are common complications. Regional anaesthesia (RA) techniques have emerged as good adjuncts to reduce opioid consumption. In this study we describe the demographic and outcome data of patients that have received RA for analgesic management of chest wall trauma.

Methods We retrospectively collected data from electronic health records on all patients with chest wall trauma who received RA techniques following acute pain team referral from October 2018 to August 2022.

Results We reviewed data from 187 patients. Mean age was 64.25 years, median fracture burden of 7 per patient, with 47