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impact MR opioid or regional use but was associated with an increased average hospital stay (11.9 days v 9.3 days) and oxygen requirement (41% v 20%). Multimodal analgesia was not fully utilised with low prescribing rates of NSAIDs (32.7%), Gabapentinoids (7.6%), Ketamine (5%).

**CONCLUSIONS:** Opioids have an important role to play in the management of patients with fractured ribs. 1 in 4 patients received MR opioids during their admission, and half of these patients were prescribed MR opioids on discharge. Patients prescribed MR opioids on discharge did not have higher than average rib fracture scores but were more likely to have chronic pain. Neither inpatient nor discharge MR opioids were reduced by regional analgesia. The mode for rib fracture score in regional analgesia patients was higher than for all patients, 9 and 6 respectfully which may partially explain this finding. The increased use of oxygen and antiemetic in the MR opioid population, is a powerful finding in discouraging the prescription of MR opioids. Chronic pain patients were overrepresented in the regional or MR opioid patient groups, despite similar rib fracture scores. They also had a longer than average length of hospital stay (15.6 v 9.2 days). Ensuring these patients are prescribed effective analgesia could see improvements in reducing MR prescription and length of hospital stay.

**Keywords:** Modified Release, Opioids, Rib Fractures

#### P-06

##### Acute Pain

##### A Qualitative Exploration of Emergency Clinicians' Experiences of Caring for Patients Presenting with Back Pain

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**BACKGROUND:** Back pain guidelines are predominantly based on data from primary care. The back pain population presenting to emergency medical services (EMS), including hospital emergency departments and emergency ambulance services, appears to be different to primary care with greater numbers of individuals with serious pathology. Little is known about emergency clinicians experience of delivering care to this patient group.

**AIMS:** The primary aim of this study was to explore the experiences of emergency clinicians in caring for patients experiencing back pain. The research aim was informed through engagement with emergency clinicians and patient representatives. The objectives of the study were:

- To explore understanding of the term "back pain".
- To explore perceptions of whether these patients make up a significant proportion of the EMS case load.
- To explore the care that clinicians provide and their confidence in offering that care.
- To explore opinions of what, if anything, would improve care for this patient group.

**METHODS:** This was a qualitative exploration using reflexive thematic analysis to construct themes from a series of semi-structured interviews. The interviewer and primary coder (MC) was an experienced academic paramedic who had an insider position in relation to emergency care. Other members of the research team (CR, JM, DM) provided oversight and reviewed work as it progressed.

**RESULTS:** Thirteen interviews were conducted with a range of emergency clinicians (doctors, paramedics, nurses and physiotherapists) four themes and ten sub-themes were constructed.

-Understanding Back Pain Participants viewed back pain as a symptom with many causes and they consider it their role to identify those with serious pathology. Gaps in training were filled through peer knowledge exchange.

-EMS can be a legitimate choice for patients. Participants recognised that patients may be worried or in pain. Patients appreciate that EMS takes it time to listen to them. EMS can provide the back stop when patients cannot access other services.

-Benign or Sinister? Participants recognised that back pain was a common presentation, however non-specific aetiology was less common than expected. The role of emergency care is to identify serious pathology using red flags and refer cases to the appropriate care.

-Treatment Options Many of the treatments provided by EMS are not advocated in current guidelines. Entonox is used by ambulance clinicians to help patients mobilise but is of limited used in the emergency department. Despite a lack of specific guidelines participants felt supported.

**CONCLUSIONS:** Across the range of emergency settings, clinicians have a nuanced understanding of back pain and its presentations. Clinicians were generally sympathetic to patients experiencing back pain recognising how distressing it could be. They were confident in their management of these patients but felt that national guidelines were less relevant to the emergency setting. Due to limited formal education or emergency care specific guidelines on back pain, clinicians shared their experiences through stories, frequently of patients who had serious pathology despite a benign appearance. The understanding of participants, expressed during the study, fits with the emergency medicine paradigm which starts with sinister diagnoses and works its way towards the more benign. Participants suggested that lack of availability of primary care was a driver of demand of EMS by patients with primary care appropriate back pain. Clinicians offered little criticism of patients' decision making, recognising that patients were often distressed, and the system can be difficult to navigate. Emergency care focused guidelines, which include the management of acute exacerbations that impact on mobility, could contribute to managing EMS demand and provide better care for patients experiencing back pain.

**Keywords:** Emergency, Back Pain, Qualitative

#### P-07

##### Acute Pain

##### OPIOID FREE ANAESTHESIA FOR COMPLEX MAJOR GENERAL SURGERY IN A PATIENT WITH INTOLERANCE TO ALL OPIOIDS

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**BACKGROUND:** Benefits of opioid free anaesthesia (OFA) in general.

AIMS:- Why an OFA plan necessary for this particular case

- Literature review of OFA in major surgery.

**METHODS:** This was an interesting case of a patient with chronic mixed nociceptive and neuropathic abdominal pain, severe opioid intolerance, scheduled for elective perineal proctectomy with bilateral gracilis-flap reconstruction and pelvic clearance - necessitating a