

early, with written materials used for post-discharge referral. Patients prefer in-person treatment but would appreciate a virtual option. The initial session should occur in-person to build trust and facilitate virtual session engagement. **DISCUSSION/SIGNIFICANCE:** Patients are willing to engage in nonpharmacological pain treatment, however the unpredictable ED environment, uncertainty of their medical status, and financial and time constraints are significant barriers.

138

Preschooler Hemoglobin and Ferritin Concentrations Were Not Affected by Parenting and Multiple Micronutrient Supplementation Interventions in Southwest Guatemala

Alyse J Kowalski

University of Maryland Baltimore NA

OBJECTIVES/GOALS: Micronutrient deficiencies contribute to poor health and childhood development outcomes. The objective of this study was to examine the independent and combined effects of responsive parenting and multiple micronutrient supplementation interventions on preschooler hemoglobin and ferritin concentrations in southwestern Guatemala. **METHODS/STUDY POPULATION:** We enrolled 387 preschoolers (36-52 months) at nutritional risk (height-for-age z-score < -1) (51% male; 17% indigenous ethnicity) in a double blind, 2 x 2, cluster randomized controlled trial. Participants in the parenting intervention received culturally tailored responsive parenting or nutrition education (control) curriculum, delivered over 6 home visits. Participants in the nutrition supplementation group received daily supplementation with a maize-soy product fortified with 21 micronutrients for 6 months or a control product fortified with vitamin B2 only. Linear mixed models were used to estimate changes in hemoglobin and ferritin from baseline (2015) to endline (2017) in a subsample with blood specimens (n = 218). **RESULTS/ANTICIPATED RESULTS:** At baseline, 14% of preschoolers were iron deficient and 11% were anemic. Preschooler ferritin significantly increased over time in most arms, with the largest increase in the combined responsive parenting + multiple micronutrient supplementation arm (ferritin = 95.6 (95% CI 46.4, 144.74)); rates of change did not differ between study arms (p = 0.16). Preschooler hemoglobin did not change over time. Further analysis will examine the moderation of intervention effects by pre-specified child and household factors. **DISCUSSION/SIGNIFICANCE:** Increases in preschooler ferritin did not differ between intervention and control arms. There was no effect of the intervention on hemoglobin. Future analyses will examine intervention effects on pre-specified subgroups including baseline micronutrient deficiencies.

139

Reducing Physical Therapy Consults for Patients with High Functional Mobility in the Acute Medical Inpatient Setting: A Difference-in-Differences Analysis

Maylyn Martinez¹, Matthew Cerasale¹, Mahnoor Baig², Claire Dugan¹, Marla Robinson¹, Meghan Sweis¹, Micah Prochaska¹, Andrew Schram¹, Ryan Greysen³, David Meltzer¹, Vineet M Arora¹
¹University of Chicago ²University of Illinois, Chicago ³University of Pennsylvania

OBJECTIVES/GOALS: Physical therapy (PT) is key for treating functional decline that inpatients experience but is a constrained resource in hospital settings. The Activity Measure Post-Acute

Care (AM-PAC) score is a mobility measurement tool that has been used to define misallocation of PT. We aim to optimize PT referrals using AM-PAC-based clinical decision support. **METHODS/STUDY POPULATION:** We conducted a prospective study of patients admitted to University of Chicago Medical Center. AM-PAC scores were assessed by nursing staff every 12 hours. Clinical decision support was designed using validated AM-PAC cutoffs (> 18, a predictor of discharge to home). The tool was embedded in hospital medicine note templates, requiring providers to indicate PT referral status based on current AM-PAC scores. The primary outcome, unskilled consult, was defined as PT referral for patients with AM-PAC > 18. Data were collected for one year prior to implementation and one year after implementation for intervention (hospital medicine) and control (general internal medicine) services. Difference in differences analysis was used to assess the association between the intervention and unskilled consults. **RESULTS/ANTICIPATED RESULTS:** Between October 2018 and March 2021, 18,241 admissions were eligible for the study. Compared to preintervention, there was a lower rate of referral to PT for patients with high AM-PAC mobility scores in the post-intervention period [18.5% vs 16.6%; $X^2(1) = 7.02$; $p < 0.01$]. In the postintervention time period, the control group experienced a 2.6% increase in unskilled consults while the intervention group experienced a 2.3% decrease, a difference in differences of 4.9% (95% CI -0.07--0.03 for difference in differences) controlling for age sex, race, LOS, and change in mobility. Compared to preintervention, there was no statistically significant difference in mean change in mobility score post-intervention for either group. **DISCUSSION/SIGNIFICANCE:** Our results suggest that clinical decision support can decrease unskilled PT consults. Many functionally independent patients can mobilize with nursing or other mobilization staff. Hospitals should consider mobility score-based decision support to prioritize PT for impaired and at-risk patients.

140

Scoping Review of the Health Effects of Youth Due to the September 11, 2001 Terrorist Attacks

Albeliz Santiago-ColÃ³n, Alan Katruska, Kristen Iker

National Institute for Occupational Safety and Health, World Trade Center Health Program

OBJECTIVES/GOALS: Use the World Trade Center (WTC) Health Program Health Effects Library to identify the breadth and depth of research on the health effects of youth due to exposures from the events of September 11, 2001, to track the research trajectories by study population, and to identify gaps and define needs for future research. **METHODS/STUDY POPULATION:** We selected references from the WTC Health Effects Library. This curated library includes research publications that measure, report, or discuss health effects of 9/11 at the three disaster sites. Articles included had to evaluate people under 18 years old on 9/11/2001, including those in-utero. Of the 1,813 references considered, 195 were included in our study. Data from each reference was extracted using DistillerSR software and organized in four topics: overview, methods, conditions, and results. Each publication was abstracted independently by a team of two health scientists and conflicts were resolved by the four-person team. All data was then exported from DistillerSR into Microsoft Excel for analysis. **RESULTS/ANTICIPATED RESULTS:** The 195 articles included were published between 2002 through 2021, of which 29 were funded by the WTC Health Program. The study population represented ranged from in-utero