anticoagulation therapy remains unclear. This systematic review is designed to examine the use of risk scores in the ED to determine the management of patients presenting to the ED for atrial fibrillation and flutter. **Methods:** An extensive search of eight electronic databases and grey literature was conducted. Quasi-experimental studies were eligible for inclusion. Studies had to report on the ED management of adult patients presenting with AFF to be included. Two independent reviewers judged the relevance, inclusion, and risk of bias of the studies. Individual and pooled statistics were calculated as odds ratios (OR) with 95% CI using a random effects model and heterogeneity (I^2) was reported. **Results:** From 1,648 citations, 37 studies were included in this review. Heterogeneity was very high, precluding pooling. Only one of the included studies documented the use of $CHADS_2$ scores by attending physicians; while no studies documented the use of HAS-BLED. There was variability in the ED management strategies of AFF. The utilization of rhythm control in the treatment of AFF ranged considerable (OR: 0.04-9.84) in comparison to rate control. Of the 17 studies reporting cardioversion approaches, chemical (9 {53%}) cardioversion was the most common management strategy of AFF. **Conclusion:** Our results suggests that either few physicians are documenting stroke risk scores in adult patients with AFF, or that research studies assessing ED management of AFF are not reporting scores documented by the attending physicians. Future research needs to examine the use of stroke risk scores to determine the optimal and appropriate care for patients.

Keywords: atrial fibrillation, stroke, emergency department

P095

Who, what, where: a critical assessment of helicopter emergency medical services transport and transfer times on patient outcomes at two level 1 trauma centres

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Introduction: Helicopter emergency medical services (HEMS) have become an engrained component of trauma systems to expedite transportation to a trauma centre. Ornge is a provincially run, paramedic-staffed HEMS that is responsible for all air ambulance service within Ontario, Canada. They provide transportation for trauma patients through one of three ways: scene call, modified scene call or interfacility transfer. In this study we report the characteristics of patients transported by each of these methods to two level 1 trauma centres and assess for any impact on morbidity or mortality. **Methods:** A local trauma registry was used to identify all patients transported to our two trauma centres by HEMS over a 36-month period. Data surrounding patient demographic, arrival characteristics, transport times and in-hospital course were abstracted from the registry. Statistical analysis will be used to compare methods of transport and characterize any association between mode of transport and mortality. **Results:** From January 1st, 2012 to December 31st, 2014 HEMS transferred a total of 911 patients to our trauma centers with an overall mortality rate of 11%. Of these patients 139 were scene calls with a mortality rate of 8%, 333 were modified scene calls with a mortality rate of 14% and 439 were interfacility transfers with a mortality rate of 10%. **Conclusion:** Identifying any association between the type of HEMS transport and morbidity and mortality, we may be able to predict those that need more urgent transfer to a trauma centre and find ways to decrease our overall pre-trauma center time.

Keywords: trauma, helicopter emergency medical services (HEMS)

P096

Hospitalselfie: a review of implications and recommendations on patients making video recordings in hospital

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Introduction: Smartphones are everywhere. Recent technological advances allow for instantaneous high quality video and audio recordings with the touch of a button. In Canada, physician smartphone use is highly regulated by provincial legislature and multiple policies have been published from provincial physician colleges and the Canadian Medical Protective Association (CMPA). Patients on the other hand have no such laws to observe. We set out to look at what legislation and policies exist to provide guidance to physicians in two potential scenarios: when a patient requests to record a patient-physician interaction and if a patient surreptitiously records a patient-physician interaction without consent of the physician. **Methods:** A literature review searching for articles on patient video recordings and patient smartphone use was completed on both Medline and PubMed. Further review of each provincial privacy act and communication with each provincial privacy office was performed. Consultation with each provincial physician college and the CMPA was also done to identify any policies or recommendations to guide physicians. **Results:** Patients making video recordings do not fall under any provincial privacy law and there are no existing policies from any provincial physician college or the CMPA to provide guidance. Therefore, physicians must rely on their own institution's policy regarding patient video recording in the health care setting. Be familiar with your institution's policy. If your institution does not have a policy, create one with the input of appropriate stakeholders. Patients may surreptitiously video record medical interactions without physician consent. Although this may not be permitted under an individual institution's policy, it is not illegal under the Criminal Code. Thus, it is important to behave in a professional manner at all times and assume you may be recorded at any time. **Conclusion:** The majority of patients' recordings will be done without litigious intentions, but rather with the goal of understanding more about their own health and medical care. Unfortunately there are those who will undermine the physician-patient relationship. Physicians cannot allow this to cause distrust in future relationships, nor should it force physicians to practice more defensive medicine. Physicians must continue to practice the art of medicine and accept that "performance" is a part of the job.

Keywords: smartphone, video recordings, privacy

P097

Evaluation of an oral morphine protocol for treatment of acute pain crisis in sickle cell patients in the outpatient setting

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Introduction: Sickle cell vaso-occlusive crisis (VOC) is one of the most frequent causes of emergency visit and admission in children with this condition. With this study, we aim to evaluate whether the implementation of an oral morphine protocol has led to improved care of sickle cell disease (SCD), translated by a reduced hospitalization rate, an increased oral administration rate and faster opiate administration time, comparing cohorts of patients presenting to the emergency department (ED) and hematology outpatient clinic (HOC) with VOC pre and post implementation. **Methods:** Retrospective chart review of patients with SCD followed at CHU Ste-Justine, who presented to the ED and HOC with VOC, in the year pre and post implementation of the protocol.