

with iPad icons were responsible for 88% of landing pages. Over the last two years the department iPads were responsible for 17% of our page views, with 6 of the department guideline pages featuring in the top 20 pages viewed. **Conclusion:** Provision of preconfigured iPad devices within the clinical environment of a busy ED significantly increases access from within that environment to a department website.

Keywords: knowledge translation, tablet device, department website

P085

Dental complaints in the emergency department: a national survey of Canadian EM physicians

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Introduction: Dental complaints and emergencies are a common emergency department (ED) issue that has not been extensively studied. This study aimed to provide an evaluation of Canadian practice patterns and clinical training relating to dental emergencies in the ED. **Methods:** We conducted an electronic survey inviting 1520 Canadian emergency medicine (EM) physicians from CAEP's physician distribution network. Thirty-three questions were asked regarding ED physician training with dental emergencies, practice patterns and comfort with dental care, current available ED dental resources, and how dental care may be improved in Canadian EDs. Standard descriptive statistics were calculated. **Results:** Survey response rate was 15.1%. Respondents were predominantly male (62.8%) with a mean 15.3 years (SD: ± 9.8) of practice, and were primarily CCFP-EM (50.7%) or FRCP-trained (25.6%) in either tertiary (48.0%) or community (36.3%) teaching hospitals. They received broad training on dental issues, but this was limited in scope to ≤ 1 day of residency (61.4%). A combined majority (59.6%) felt their residency left them somewhat to very unprepared for treating dental complaints, and $<40\%$ of physicians reported feeling comfortable with specific, common dental emergency procedures, with the exception of avulsed tooth storage (61.1%). For pain management and local trauma exploration, 36.9% felt somewhat to very uncomfortable performing oral and facial nerve blocks. Many respondents do not have access to any dental emergency supplies (48.0%), or do not know if they have any access (14.2%). Furthermore, 18.9% have no access to any professional support for help with dental emergencies requiring advanced management. Respondents believe dental emergency consultant support is an issue at their centre (62.5%). EM physicians want more training with dental emergencies (79.5%) and improved access to dental-specific emergency materials in their departments (63.7%). The greatest barriers to providing good ED dental care were cost to patients (72.7%), physician comfort treating complaints (54.7%), and clear follow-up with outpatient dental professionals (54.3%). **Conclusion:** ED physicians feel relatively unprepared by their residency training to treat dental complaints, and professional dental support is an issue in the majority of EDs. Dental care may be improved with more access to training, to dental ED resources and professional support.

Keywords: dentistry, dental complaints, emergency

P086

Effectiveness of interventions to decrease imaging among emergency department low back pain presentations: a systematic review

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Introduction: Low back pain (LBP) is an extremely frequent emergency department (ED) presentation. Although LBP imaging often results in no

change to the ED management, does not identify abnormalities, and has documented risks (e.g., radiation exposure), advanced imaging (i.e., computed tomography [CT], magnetic resonance imaging [MRI]) for patients with LBP has become increasingly frequent in the ED. The objective of this review was to identify and examine the effectiveness and safety of interventions aimed at reducing imaging in the ED for LBP patients. **Methods:** Six bibliographic databases and grey literature were searched. Comparative studies assessing interventions aimed at reducing ED imaging for adult patients with LBP were eligible for inclusion. Two reviewers independently screened study eligibility, completed data extraction, and assessed the quality of included studies. Due to a limited number of studies and significant heterogeneity, a descriptive analysis was performed. **Results:** The search yielded 510 unique citations of which three before-after studies were included. Quality assessment identified potential biases relating to comparability between the pre- and post-intervention groups, reliable assessment of outcomes, and an overall lack of information on the intervention (i.e., time point, description, intervention data collection). The interventions to reduce lumbar spine imaging varied considerably. Study interventions included: 1) clinical decision support (i.e., a specialized X-ray requisition form), which reported a 47.4% relative reduction of lumbar spine radiography referrals; 2) clinical decision guidelines, which reduced referrals by 43.8%; and 3) multi-disciplinary protocols, which reported a reduction in the MRI referral rate by 26.1%. Despite reductions in simple imaging, CT use increased in two of the three studies. **Conclusion:** LBP has been identified as a key area of imaging overuse (e.g., *Choosing Wisely* recommendation). Yet, evidence of interventions' effectiveness in reducing imaging for ED patients with LBP is sparse. While there is some evidence to suggest that interventions can reduce the use of simple imaging in LBP in the ED, unintended consequences have been reported and additional studies employing higher quality methods are strongly recommended.

Keywords: diagnostic imaging, low back pain, intervention

P087

Cellulitis and erysipelas management at an academic emergency department: current practice vs the literature

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Introduction: Cellulitis and erysipelas are common presentations for the general practitioner. Antibiotic therapy targeting beta-hemolytic streptococci and *Staphylococcus aureus* is the mainstay of treatment for children and adults with these infections. Although evidence-based Canadian guidelines for appropriate management exist, inconsistent practices persist. Our objective was to determine the level of adherence to current evidence by emergency physicians at two academic hospitals in Kingston, Ontario. **Methods:** We conducted a retrospective chart review of 200 randomly selected electronic medical records. Records belonged to patients with a discharge diagnosis of cellulitis or erysipelas who were seen in the emergency departments of Kingston General Hospital or Hotel Dieu Hospital between January 1 and June 30, 2015. We manually collected data describing patient demographics, medical history, and medical management. **Results:** There were 707 total visits to the emergency departments in the study period for cellulitis or erysipelas. In our random sample, for those diagnosed with cellulitis, 44% received oral cephalosporin alone, which was the most common form of therapy for uncomplicated infection. Of all the patients who received any antibiotics, 36% received at least one dose of parenteral antibiotics, despite only 6.7% showing systemic signs of illness. Emergency physicians chose ceftriaxone for 88% of the patients who received parenteral antibiotics. **Conclusion:** There was wide variation in antibiotic selection and route of administration for