

cases occurring in the ED. Efforts to strengthen communication skills may enhance patient safety and reduce medico-legal risk.

Keywords: communication, emergency department, patient safety

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Alcohol-related emergency department visits by youth aged 12-24: demographics and resource utilization at Kingston Health Sciences Centre

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Introduction: Recent evidence shows an increase in alcohol-related emergency department (ED) visits among youth. We sought to quantify the impact of ED visits (type and frequency, patient characteristics and resource use) related to alcohol in our centre. **Methods:** This was a chart review of patients aged 12-24 with alcohol-related ED visits between Sept 2013-Aug 2017. The National Ambulatory Care Reporting System (NACRS) database was searched for visits alcohol related ICD-10 codes. The Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) database was also searched using the keyword alcohol. Duplicate visits were removed. Visits were excluded if patients had a history of psychosis, were held in the ED for psychiatric assessment, were homeless, were inmates from a correctional institute, if alcohol use was not mentioned and for complaints of sexual assault/intimate partner violence. Data was abstracted by two reviewers using a standard form with predetermined variables. Differences were resolved with third party adjudication. Interrater reliability of the reviewers was assessed with Kappa scores through duplicate review of 10% of randomly selected charts. A further 10% were assessed by a 3rd reviewer for extraction accuracy. **Results:** 3,256 ED visits were identified with 777 removed via predefined exclusion criteria. 2,479 visits were reviewed with a male predominance (54.3%). More than half of all patients (50.9%) arrived via ambulance. Assigned CTAS levels were Resuscitation: 1% Emergent: 9.9% Urgent: 48.2% Less Urgent: 35.7% Non-Urgent: 4.2% (missing 1%). The median LOS was 2.9 hrs (IQR 1.8-4.6). All visits were subclassified into mutually exclusive categories: injury (51.8%), acute intoxication (45.1%) and mental health issue (3.2%). Males were more likely to present with injury (62.4% vs 42.6%, $p < 0.01$). Females were more likely to present with acute intoxication (53.3% vs 46.7%, $p < 0.01$) and mental health issues (59.5% vs 40.5%, $P = 0.01$). ED resource use was notable: 483 (19.4%) had imaging tests and 1216 (49.1%) had some medical intervention (blood test, fluids or medication). 57 (2.3%) patients were admitted and there was one death from an alcohol related MVC. **Conclusion:** Alcohol-related ED visits by youth are common in our centre and utilize substantial prehospital and in-hospital resources. Identification of effective harm reduction strategies should be a research priority.

Keywords: acute alcohol intoxication, substance use/misuse, youth

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Kelowna emergency department buprenorphine/naloxone for opioid use disorder: a program evaluation study

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Introduction: Emergency department (ED) buprenorphine/naloxone inductions for opioid use disorder are an effective and safe way to initiate addictions care in the ED. Kelowna General Hospital's ED buprenorphine/naloxone (KEDSS) program was implemented

in September 2018 in order to respond to a community need for accessible and evidence-based addictions care. The objective of our program evaluation study was to examine the implementation of the first five months of the KEDSS program through evaluating patient characteristics and service outcomes. **Methods:** The KEDSS treatment pathway consists of a standardized protocol (pre-printed order set) to facilitate buprenorphine/naloxone induction and stabilization in the acute care setting (ED and inpatient wards) at Kelowna General Hospital, a community academic hospital. All patients referred to the outpatient addictions clinic via the order set during September 2018-January 2019 (the first 5 months) were included in the study population. A retrospective descriptive chart review was completed. Outcome measures included population characteristics (sociodemographic information, clinical characteristics) and service outcomes (number of patients initiated, patient follow-up). Descriptive statistics and bivariate analyses using t-tests or Pearson's χ^2 statistic, as appropriate, were conducted to compare the ED-initiated group with the inpatient-initiated group. **Results:** During the first five months of the KEDSS program, a total of 35 patients (26% female, mean age 36.6 years, 54% homeless) were started on the treatment pathway, 16 (46%) in the ED. Compared to the inpatient-initiated group, the ED-initiated group were less likely to have psychiatric comorbidities (ED 1.0 vs. inpatient 1.5, $p = 0.002$), require methadone or sustained-release oral morphine (ED 13% vs. inpatient 37%, $p = 0.048$), and have attended follow-up (ED 56% vs. inpatient 84%, $p = 0.004$). **Conclusion:** This study provides a preliminary look at a new opioid agonist therapy (OAT) treatment pathway (KEDSS) at Kelowna General Hospital, and provides insight into the population that is accessing the program. We found that the majority of patients who are started on buprenorphine/naloxone in the ED are seen in follow-up at the addictions clinic. Future work will examine ongoing follow-up and OAT adherence rates in the study population to quantify the program's impact on improving access to addictions treatment within this community hospital setting.

Keywords: program evaluation, addictions, buprenorphine-naloxone

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Haloperidol versus ondansetron for hyperemesis due to cannabis (HaVOC): a randomized, controlled clinical trial

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Introduction: One of the most common adverse effects of habitual cannabis use is hyperemesis—recurrent bouts of protracted vomiting, retching and abdominal pain superimposed on a baseline of daily nausea and anorexia. Largely anecdotal evidence supports the use of haloperidol, benzodiazepines or topical capsaicin over traditional antiemetics, yet little is known about the cause or optimal treatment of this newly recognized disorder. We report the results of one of the first clinical trials on so-called cannabis hyperemesis syndrome (NCT03056482). **Methods:** We approached adults with a working diagnosis of hyperemesis due to cannabis, provided they had ongoing emesis for >2 hours, a cyclic pattern of 3+ episodes in the last 2 years, and near daily use of cannabis by inhalation. We excluded those who were pregnant, deemed unreliable, or using opioids. Subjects provided written consent to be randomized during the index or any subsequent visit to either haloperidol (with a nested randomization to either 0.05 mg/kg or 0.1 mg/kg) or ondansetron 8 mg intravenously in a quadruple-blind fashion, and to be followed for 7 days. The primary