torso hemorrhage while arranging definitive surgical management. Although initially postulated in the 1950s, limited research regarding its therapeutic use in trauma has been available until recently. Here, we present a systematic review of the literature pertaining to the use of REBOA in severe trauma. **Methods:** An experienced medical librarian searched electronic databases for terms relating to REBOA, aortic balloon occlusion, hemorrhage, trauma and shock. Articles were identified, screened, retrieved and reviewed in accordance with PRISMA systematic review guidelines. English case reports, case series, cohort studies, randomized-controlled trials, systematic reviews and meta-analyses pertaining to the use of REBOA in human trauma patients were included. Customized inclusion and data extraction forms were created and used to form an electronic database of relevant studies. **Results:** After exclusion of duplicates, 2147 potentially relevant articles were identified and screened by title/abstract and 136 articles meeting inclusion criteria were retrieved for full-text review. Final analysis of 26 articles included 5 case reports, 13 case series, 7 observational cohort studies and 1 systematic review. Data spanning 771 patients undergoing REBOA were collected (weighted average age: 49.5, gender: 67.7% male, injury severity score: 35.1). Where data available, REBOA increased systolic blood pressure by a weighted average of 54.7mmhg and overall survival was 32.6%. **Conclusion:** Limited evidence pertaining to the use of REBOA in severe trauma exists with the majority of available data coming from individual case studies and case series. By extension, quantitative analysis regarding outcome data of this intervention requires further research in the form of larger studies with subgroup analysis to identify the subset of patients for which REBOA may benefit and to further delineate the risks of implementing this intervention.
Keywords: resuscitative endovascular balloon occlusion of the aorta

P043

Standards for change: developing international minimum standards for the care of older people in the emergency department

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Introduction: Emergency departments (ED) across Canada acknowledge the need to transform in order to provide high quality care for the increasing proportion of older patients presenting for treatment. Older people are more complex than younger ED users. They have a disproportionately high use of EDs, increased rates of hospitalization, and are more likely to suffer adverse events. The objective of this initiative was to develop minimum standards for the care of older people in the emergency department. **Methods:** We created a panel of international leaders in geriatrics and emergency medicine to develop a policy framework on minimum standards for care of older people in the ED. We conducted a literature review of international guidelines, frameworks, recommendations, and best practices for the acute care of older people and developed a draft standards document. This preliminary document was circulated to interdisciplinary members of the International Federation of Emergency Medicine (IFEM) geriatric emergency medicine (GEM) group. Following review, the standards were presented to the IFEM clinical practice group. At each step, verbal, written and online feedback were gathered and integrated into the final minimum standards document. **Results:** Following the developmental process, a series of eight minimum standard statements were created and accepted by IFEM. These standards utilise the IFEM Framework for Quality and Safety in the ED, and are centred on the recognition that older people are a core population of emergency health service users whose care needs are different from those of children and younger adults. They cover key areas, including the overall approach to older patients, the physical environment and equipment, personnel and training, policies and protocols, and strategies for navigating the health-care continuum. **Conclusion:** These standards aim to improve the evaluation, management and integration of care of older people in the ED in an effort to improve outcomes. The minimum standards represent a first step on which future activities can be built, including the development of specific indicators for each of the minimum standards. The standards are designed to apply across the spectrum of EDs worldwide, and it is hoped that they will act as a catalyst to change.
Keywords: quality improvement and patient safety, geriatric emergency medicine, international standards

P044

Register to donate while you wait: assessing public acceptability of utilizing the emergency department waiting room for organ and tissue donor registration

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Introduction: Our study objectives were to assess the acceptability of using the emergency department (ED) waiting room to provide knowledge on, and offer opportunities for organ and tissue donor registration; and to identify barriers to the donor registration process in Ontario. **Methods:** We conducted a paper based in-person survey over nine days for eight hour blocks in March and April 2017. The survey instrument was created in English using existing literature and expert opinion, pilot tested and then translated into French. The study collected data from patients and visitors in an urban academic Canadian tertiary care ED waiting room. All adults in the waiting room were approached to participate during the study periods. Individuals waiting in clinical care areas were excluded, as well as those who required immediate treatment. **Results:** The number of attempted surveys was 324; 67 individuals (20.7%) refused to partake. A total of 257 surveys were distributed and five were returned blank. This gave us a response rate of 77.8% with 252 completed surveys. The median age group was 51-60 years old with 55.9% female. Forty-six percent were Christian (46.0%) and 34.1% did not declare a religious affiliation. Nearly half of participants (44.1%) were registered organ donors. The majority of participants agreed or were neutral (83.3%) that the ED waiting room was an acceptable place to provide information on organ and tissue donation. Further, 82.1% agreed or were neutral that the ED was an acceptable place to register as an organ donor. Nearly half (47.2%) agreed that they would consider registering while in the ED waiting room. A number of barriers to registering as an organ and tissue donor were identified. The most common were: not knowing how to register (22.0%), a lack of time to register (21.1%), and having unanswered questions regarding organ and tissue donation (18.7%). **Conclusion:** Individuals waiting in the ED are supportive of using the ED waiting room for distributing information regarding organ and tissue donation, and facilitating organ and tissue donation registration. Developing such a practice could help to reduce some of the identified barriers, including a lack of time and having unanswered questions regarding donation.
Keywords: organ and tissue donation

P045

Impact of post-intubation hypotension on mortality of patients in the emergency department (ED)

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