health complaints increased by 50% between 2007 and 2015. Improving care for these patients is a major priority of Alberta Health Services (AHS). As part of a multi-phased approach to improving care, the Emergency and the Addiction and Mental Health Strategic Clinical Networks (SCNs) surveyed youth who had presented to an ED for mental health or substance use concerns and their families/caregivers. **Methods:** The online survey contained closed- and open-ended questions on reasons for ED visits, expectations about and experiences during their visits, and areas for improvement. An ethics approved survey was conducted for 4 weeks. Participants were recruited across the province using an extensive array of social media platforms. For each survey, we randomly selected a sample of open-ended responses to thematically analyze to the point of informational redundancy. **Results:** The Youth survey received 992 responses and the Family survey received 553. A small number of overarching themes emerged. For both surveys, the major themes were 1) Wait times and access: participants were disappointed with lengthy wait times and services in the community. Youth said this made them question their decision to seek help and left them feeling hopeless. 2) Care provider training: participants were unhappy with the quality of care provided (e.g., lack of compassion, minimizing symptoms). They felt better training would improve care and attitudes towards mental health patients. 3) Environment: participants were uncomfortable with the lack of privacy for discussing sensitive topics; youth also requested items such as pens/paper and phone chargers to make the stay more comfortable and provide distractions. An additional theme emerged in the Youth survey regarding family involvement; participants wanted to decide how much/what information is shared with their families. Youth noted they were less likely to be honest with family present. Communication and navigation were mentioned frequently in the Family survey; participants noted the complexity of the mental health care system and felt frustrated by the lack of information to help them access additional resources. **Conclusion:** There are a number of areas in need of improvement to provide high-quality, patient-centred care to youth with mental health or substance use concerns that present to the Emergency Department. Phase II of this project will involve a review of the themes and determine priorities and strategies to address the themes that could be implemented into the workflow.

Keywords: child, youth, addiction and mental health

LO85

Knowledge, attitudes, and practices regarding opioid use in the pediatric emergency department

M. A. Fowler, MD, S. Ali, MD, CM, N. Poonai, MD, MSc, K. Dong, MD, MSc, S. Gouin, MD, CM, A. Drendel, DO MS, E. Jun, MD, M. Sivakumar, University of Alberta/Stollery Children's Hospital, Edmonton, AB

Introduction: Inadequate pain management in children is ubiquitous in the emergency department (ED). As the current national opioid crisis has highlighted, physicians are caught between balancing pain management and the risk of long term opioid dependence. This study aimed to describe pediatric emergency physicians (PEPs) willingness to prescribe opioids to children in the ED and at discharge. **Methods:** A unique survey tool was created using published methodology guidelines. Information regarding practices, knowledge, attitudes, perceived barriers, facilitators and demographics were collected. The survey was distributed to all physician members of Pediatric Emergency Research Canada (PERC), using a modified Dillmans Tailored Design method, from October to December 2017. **Results:** The response rate was 49.7% (124/242); 53% (57/107) were female, mean age was 43.6 years (+/−8.7), and 58% (72/124) had pediatric emergency subspecialty training. The most common first line ED pain medication was ibuprofen for mild, moderate and severe musculoskeletal injury (MSK-I)-related pain (94.4% (117/124), 89.5% (111/124), and 62.9% (78/124), respectively). For moderate and severe MSK-I, intranasal fentanyl was the most common opioid for first (35.5% (44/124) and 61.3% (76/124), respectively) and second line pain management (41.1% (51/124) and 20.2% (25/124), respectively). 74.8% (89/119) of PEPs reported that an opioid protocol would be helpful, specifically for morphine, fentanyl, and hydromorphone. Using a 0-100 scale, physicians minimally worried about physical dependence (13.3+/−19.3), addiction (16.6 +/−19.8), and diversion of opioids (32.8 +/− 26.4) when prescribing short-term opioids to children. They reported that the current opioid crisis minimally influenced their willingness to prescribe opioids (30.0 +/− 26.2). Physicians reported rarely (36%; 45/125) or never (28%; 35/125) completing a screening risk assessment prior to prescribing opioids. **Conclusion:** Ibuprofen remains the most common medication recommended for MSK-I pain in the ED and at discharge. Intranasal fentanyl was the top opioid for all pain intensities. PEPs are minimally concerned regarding dependence, addiction, and the current opioid crisis when prescribing short-term opioids to children. There is an urgent need for robust evidence regarding the dependence and addiction risk for children receiving short term opioids in order to create knowledge translation tools for ED physicians. Opioid specific protocols for both in the ED and at discharge would likely improve physician comfort in responsible and adequate pain management for children.

Keywords: opioids, addiction, pain

LO86

The diagnosis of concussion in pediatric emergency departments: a prospective multicenter study

K. Boutis, MD, MSc, J. Gravel, MD, S. Freedman, MD, MSc, W. Craig, MD, K. Tang, MSc, C. DeMatteo, MSc, S. Dubrovsky, MD, D. Beer, MD, G. Sangha, MD, R. Zemek, MD, Hospital for Sick Children and University of Toronto, Toronto, ON

Introduction: Accurate identification of children with a concussion by emergency department (ED) physicians is important to initiate appropriate anticipatory guidance and management. In children meeting international criteria for concussion, we aimed to determine the proportion who were provided this diagnosis by the ED physician and which variables were associated with a physician-diagnosed concussion. We also compared persistent symptoms in concussion cases versus those with alternative diagnoses. **Methods:** This was a planned secondary analysis of a prospective, multicenter cohort study. Participants were children aged 5 through 17 years and met Zurich/Berlin International Consensus Statement criteria for concussion. The primary outcome was the proportion of study participants who were assigned a diagnosis of concussion by the treating ED physician. Based on available evidence, between 50% and 90% of children meeting international concussion criteria are also diagnosed by an ED physician as having a concussion. Assuming a worst case scenario that 50% of physicians would diagnose concussion, our anticipated study sample size of 2946 would be accompanied by a +2% margin of error at the 95% confidence level for the primary outcome. **Results:** Among the 2946 eligible children, 2340 [79.4% (95% CI 78.0, 80.8)] were diagnosed with a concussion by an ED physician. Twelve variables were associated with this ED diagnosis, five of which had an odds ratio (OR) > 1.5: older age (13-17 vs. 5-7 years, OR = 2.9), longer time to presentation (>16 vs. < 16 hours, OR = 2.1), nausea (OR = 1.7), sport mechanism (OR = 1.7), and amnesia (OR = 1.6). In those with physician-diagnosed concussion

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