

of agreement was obtaining a 12-lead electrocardiogram following the primary and secondary survey for all older adults (DI=0.01). Two trauma care modifiers failed to reach consensus agreement: transporting older patients with ground level falls to a trauma centre and activating the trauma team based solely on an age  $\geq 65$  years.

**Conclusion:** Using a modified Delphi process, an expert panel agreed upon 17 trauma care modifiers for older adults in the prehospital and ED phases of care. These modifiers may improve the delivery of senior-friendly trauma care and should be considered when developing local and national trauma guidelines.

**Keywords:** delphi, geriatrics, trauma

### LO62

#### Cannabis-induced psychotic disorder at a Canadian tertiary care emergency department

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**Introduction:** Acute psychosis is a disruptive change in mental state that requires the mobilization of significant resources for its immediate treatment and ongoing management in the emergency department (ED). Cannabis-induced psychotic disorder (CIP) is one potential cause; however, the diagnosis may be overlooked due to limited understanding of the etiology of CIP. **Methods:** This study employed a retrospective cohort analysis of all CIP cases admitted from a tertiary care ED in Edmonton, Alberta between 10/2016 and 10/2018 – the month cannabis was legalized in Canada. Charts were identified based on a most responsible diagnosis of CIP, as defined by ICD-10 code F12.5. Two reviewers abstracted data using a standardized form, which was entered into a database; 10% of charts were analyzed by both reviewers to examine inter-rater reliability. Patients were excluded if there was any documentation of methamphetamine use within the week prior to presentation. Outcomes included management, symptom profile, and length of stay. **Results:** In total there were 44 cases of CIP identified in 40 unique patients during the two-year period. The largest age group of patients ( $n=14$ , 35%) were between 15-20 years old and the median length of admission was 6 days. A minority of patients ( $n=13$ , 32.5%) had a previous psychiatric diagnosis. A distinct clinical picture evolved during the summation of patient symptoms in the ED with 65% of patients ( $n=26$ ) exhibiting persecutory delusions and 52.5% endorsing auditory hallucinations ( $n=21$ ). Only four patients were found to have visual hallucinations, three of which also had auditory hallucinations. Most patients ( $n=34$ , 85%) were treated with an antipsychotic medication in the ED and during their time as inpatients, but only 70% of patients were prescribed an antipsychotic medication at the time of discharge ( $n=28$ ). **Conclusion:** This study is the first of its kind describing a cohort of patients with CIP in a Canadian ED setting. The patients presenting to the ED who would later be diagnosed CIP were more likely to be 15-20 years old, experiencing persecutory delusions, and unlikely to be experiencing isolated visual hallucinations. With the recent legalization of cannabis in Canada, further prospective research is required to determine any changes in the characteristics, incidence, and prevalence of CIP, as well as data from other centers to look for any regional differences in the presentation and management of CIP.

**Keywords:** cannabis, psychosis, substance-induced psychosis

### LO63

#### Evaluation of epinephrine secondary effects in a Canadian emergency department anaphylaxis adult cohort

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**Introduction:** There are few large-scale studies assessing the true risk of epinephrine use during anaphylaxis in adults. We aimed to assess the demographics, clinical characteristics, and secondary effects of epinephrine treatment and to determine factors associated with major and minor secondary effects associated with epinephrine use among adults with anaphylaxis. **Methods:** From May 2012 to February 2018, adults presenting to the Hôpital du Sacré-Coeur de Montréal (HSCM) emergency department (ED) with anaphylaxis were recruited prospectively as part of the Cross-Canada Anaphylaxis Registry (C-CARE). Missed cases were identified through a previously validated algorithm. Data were collected on demographics, clinical characteristics, and management of anaphylaxis using a structured chart review. Multivariate logistic regression models were compared to estimate factors associated with side effects of epinephrine administration. **Results:** Over a 6-year period, 402 adult patients presented to the ED at HSCM with anaphylaxis. The median age was 38 years (Interquartile Range [IQR]: 27, 52) and 40.4% were males. The main trigger for anaphylaxis was food (53.0%). A total of 286 patients (71.1%) received epinephrine treatment, of which 23.9% were treated in the pre-hospital setting, 47.0% received treatment in the ED, and 5.0% received epinephrine in both settings. Among patients treated with epinephrine, major secondary effects were rare (1.4% of patients), including new changes to electrocardiogram, arrhythmia, and neurological symptoms. Minor secondary effects due to epinephrine were reported in 50.0% of patients, mainly inappropriate sinus tachycardia (defined as a rate over 100 beats/minute in 30.1%). Major cardiovascular secondary effects were associated with regular use of beta-blockers (aOR 1.10 [95% CI, 1.02, 1.18]), regular use of ACE-inhibitors (aOR 1.16 [95% CI, 1.07, 1.27]), and receiving more than two doses of epinephrine (aOR 1.09 [95% CI, 1.00, 1.18]). The model was adjusted for age, history of ischemic heart disease, trigger of anaphylaxis, presence of asthma, sex, and reaction severity. Inappropriate sinus tachycardia was more likely in females (aOR 1.18 [95% CI, 1.04, 1.33]) and palpitations, tremors, and psychomotor agitation were more likely in females (aOR 1.09 [95% CI, 1.00, 1.19]) and among those receiving more than two doses of epinephrine (aOR 1.49 [95% CI, 1.14, 1.96]). The models were adjusted for age, regular use of medications, history of ischemic heart disease, triggers of anaphylaxis, presence of asthma, reaction severity, and IV administration of epinephrine. **Conclusion:** The low rate of occurrence of major secondary effects of epinephrine in the treatment of anaphylaxis in our study demonstrates the overall safety of epinephrine use.

**Keywords:** anaphylaxis, epinephrine, secondary effects

### LO64

#### A systematic review of interventions to influence opioid prescribing from the emergency department

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**Introduction:** The opioid crisis has reached epidemic levels in Canada, driven in large part by prescription drug use. Emergency