

14 Opioid Prescribing: Where Should Academic Emergency Departments Focus Their Efforts?

Riordan JP/ University of Virginia School of Medicine, Department of Emergency Medicine, Charlottesville, VA

Objective: We sought to analyze the current state of opioid prescribing practices by trainees at an academic medical center, seeking a basis for future educational efforts.

Design and Methods: Our retrospective, observational study was performed at a single academic ED with an annual census of 61,289 visits. We extracted from the electronic health record (EPIC) all 6,962 opioid prescriptions attributed to the ED during 2015, excluding error prescriptions. Overall prescribing by opioid class was performed. Prescriptions written by EM trainees were categorized by post-graduate year (PGY) and compared to other prescribers. We analyzed prescribing patterns for recurrent visits.

Results: Of the 6,962 opioid discharge prescriptions, 5,515 were written by EM providers. No refills were provided. A mean of 15.4 pills (95% C.I. 13.9-16.9) were prescribed. ANOVA did not detect a significant difference between mean numbers of pills prescribed by EM providers. However, there was a significant difference between EM and non-EM prescribers. Less-experienced EM providers exhibited greater variability with regard to class and preparation. We found that 389 prescriptions were written for patients who received at least one other opioid prescription in the preceding 30 days. The number of pills dispensed decreased with increasing prior visits.

Conclusion: EM trainees prescribe short courses of opiates regardless of PGY. Patients returning to the ED received fewer pills on subsequent visits. Non-EM providers prescribe larger numbers of pills per prescription. This information will assist with future educational efforts to comply with new laws and guidelines.

15 A Systematic Review of Fitness Requirements for DMAT Teams

DA Romney¹, RB Alfalasi¹, RR Sarin¹, A Voskanyan¹, MS Molloy^{1,2}, GR Ciottono^{1/} ¹BIDMC Fellowship in Disaster Medicine, Department of Emergency Medicine, Beth Israel Deaconess Medical Centre, Boston, MA, USA; ²Department of Emergency Medicine, Wexford General Hospital, Ireland East Hospital Group. Ireland

Objective: In the United States, trained and credentialed teams of disaster responders may be rapidly deployed to assist with search and rescue efforts and to provide essential medical care. This fieldwork is physically and mentally demanding, placing team members themselves at risk. On

prior deployments, many team members have sustained injury or illness requiring medical attention and, in some cases, extraction for off-site treatment. Our goal was to review the publicly available physical fitness requirements for disaster responders serving on disaster medical assistance teams (DMATs) in the U.S.

Methods: In order to describe the physical fitness requirements for DMAT responders we undertook a systematic review of all officially sanctioned DMAT teams in the U.S. that have publicly available websites. We did a search engine query for “[State/territory] DMAT” and “[State/territory] disaster medical assistance team,” reviewing the first three pages of results.

Results: Of the 57 DMATs identified, 31 had publicly available websites. Of these, six publish fitness requirements and one team requires a self-administered fitness assessment. Following is an overview of these requirements: DMAT 1, requires an affidavit; DMAT 2 provides a “Fitness Guide” with an overview of basic health and nutrition concepts; DMAT 3 lists required functional capabilities; DMAT 4 lists required functional capabilities by team position; DMAT 5 requires a self-administered fitness test and affidavit; and DMAT 6 requires a Health and Safety Assessment Plan, Human and Environmental Risk Assessment (HSAP, HERA).

Conclusion: It appears that no minimum physical fitness standards currently exist for federal disaster responders in the U.S. Individuals may deploy with unknown physical liabilities, placing themselves and team members at risk of illness, injury, or mission failure. Given the hazardous nature of deployment to disaster zones, which are by their very nature resource-limited and may be physically remote from care, efforts should be made to develop and standardize minimum fitness standards for responders across DMAT units and roles. Remediation protocols for responders in violation of requirements should also be established. By mitigating the risk of illness or injury to disaster responders, the likelihood of mission success and provider wellness can be increased.

16 Energy Drink Exposures Reported to Texas Poison Centers: Adverse Incidents in Relation to Sales

Borron SW¹, Watts S¹, Herrera J¹, Larson J¹, Kingston R^{2/} ¹Texas Tech University Health Sciences Center El Paso, El Paso, TX, ²University of Minnesota, College of Pharmacy, Bloomington, MN

Objective: The consumption of “energy drinks” has steadily increased since their market debut. With widely varying formulations, caffeine content and consumption patterns, caffeine toxicity has been observed. However, previous reports using poison center data could not estimate the incidence of acute toxicity due to lack of a denominator