

Objectives: To determine risk factors for developing HG in ESRD patients treated with IV insulin for hyperkalemia in the ED. **Methods:** A retrospective chart review from January 1, 2014, to January 1, 2019, was conducted to find ESRD patients requiring HD who developed HG (defined as glucose \leq 70 mg/dL) following the administration of IV insulin for the treatment of hyperkalemia in the ED. Demographics, laboratory values, insulin and dextrose doses, and the lowest glucose within six hours of insulin administration were collected. Patients were excluded from the study if they did not have a repeat glucose within six hours of insulin administration, did not have a glucose \leq 70 mg/dL, or were $<$ 18 years old.

Results: Of the 128 patients who had a BG check within six hours of insulin therapy for hyperkalemia, 54 patients developed HG of which 16 had severe HG (defined as BG \leq 40 mg/dL). A majority of patients were insulin naïve (83%) with only ten patients having a past medical history of diabetes. The average initial blood glucose of patients with HG and severe HG was 87 and 86, respectively. 63% of patients received 10 units of IV insulin, with 31% receiving 5 units. 76% of patients received 25 grams dextrose, with 20% receiving 50-75 grams, and 4% not requiring any dextrose. **Conclusions:** We find the incidence of HG after treatment with IV insulin occurred at three times the rate previously identified in a non-HD dependent population. The risk factors identified here align with previous studies identifying insulin dose and being insulin naïve being associated with HG. Baseline blood glucose levels in this study were higher than those in previous studies, implying that HD dependent patients may be at risk for HG despite their initial glucose reading.

35 Improving Staff Attitudes Towards Patients Presenting to the Emergency Department with Opioid Use Disorder: Is An Online Module Enough?

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Learning Objectives: 1) Characterize bias towards patients with OUD across staff members in an academic ED in Philadelphia, an epicenter of the opioid epidemic. 2) Determine the effectiveness of an online module in changing staff attitudes towards patients with OUD.

Background: Significant stigma surrounds patients with opioid use disorder (OUD). This stigma repeatedly follows patients into the ED and negatively influences care. All ED staff impact the patient journey in the ED and the success with which OUD patients receive a warm handoff to a recovery organization.

Objectives: The authors sought to: 1) characterize bias towards patients with OUD across all staff members in an

academic ED in Philadelphia, an epicenter of the opioid epidemic; and 2) determine the effectiveness of an online module in changing staff attitudes towards patients with OUD. We hypothesized that an online module may serve as a useful tool in changing staff attitudes towards patients with OUD.

Methods: The authors developed and deployed a survey to 463 ED clinical and non-clinical staff members through Qualtrics. The survey was informed by the validated Medical Condition Regard Scale (MCRS) to capture staff sentiments towards patients with OUD (Figure 1). Respondents were subsequently directed to an online Articulate Rise module that provided training on trauma-informed approaches to caring for patients with OUD. Continuing education credit was offered. Upon module completion, respondents received a follow-up survey 1 month later to assess knowledge retention and detect changes in reported attitudes.

Results: Results are in progress. 181 staff completed the pre-survey, module, and post-survey (response rate 40%). Preliminary data shows that across all job types surveyed, change in MCRS score did not significantly change after completion of the module (Figure 1).

Conclusions: Preliminary data suggests that an online module to train ED staff on trauma-informed care is not an effective tool to change attitudes towards patients with OUD. As the epidemic continues to escalate, educators will need to identify more effective methods to engage staff members in order to improve outcomes of patients with OUD who present to the ED.

Medical Condition Regard Scale

Regarding patients with Opioid Use Disorder :

1. Working with patients like this is satisfying.
2. Insurance plans should cover patients like this to the same degree that they cover patients with other conditions.
3. There is little I can do to help patients like this.
4. I feel especially compassionate toward patients like this.
5. Patients like this irritate me.
6. I wouldn't mind getting up on call nights to care for patients like this.
7. Treating patients like this is a waste of medical dollars.
8. Patients like this are particularly difficult for me to work with.
9. I can usually find something that helps patients like this feel better.
10. I enjoy giving extra time to patients like this.
11. I prefer not to work with patients like this.

A = Strongly disagree
B = Disagree
C = Not sure but probably disagree
D = Not sure but probably agree
E = Agree
F = Strong agree

Scoring:

Each item is scored from 1 to 6 based on the subject's rating of that item. Items 1, 2, 4, 6, 9, and 10 are scored with A = 1 and F = 6. Items 3, 5, 7, 8, and 11 are reverse-scored: A = 6 and F = 1. Thus the maximum score (highest regard) is 66 and the minimum score (lowest regard) is 11.



Figure 1. The Medical Condition Regard Scale.

36 Incorporating a Resident-Driven Mentorship Program into Emergency Medicine Clerkship Rotations

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Learning Objectives: Goal of this study is to determine