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ward, 0% of patients in severe pain received appropriate and timely analgesia, with only 7.7% receiving appropriate analgesia at a delay.
These results demonstrate poor management of acute abdominal pain. For an improvement in pain management, education and distribution of guidelines is required, to surgeons and emergency clinicians alike, followed by repetition of this study.

0703: THINK TWICE ASK ONCE: CUTTING SURGICAL WASTE

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Aim: The NHS needs to make £20billion of efficiency savings by 2014-15. We present a pilot study to assess preventable waste in theatre. We focus attention on equipment that has been opened, but unused and address the scope for potential savings.
Methods: We studied two elective theatres over a five-day period. We prospectively gathered data on what items were opened and not used such as surgical instruments and consumables like dressings and sutures. A proforma was completed for every case and each item was accurately costed. We highlighted the costs involved at departmental audit meetings, via email and information posters. We changed theatre practice and re-audited.
Results: 100% of proformas were returned. In the first study period 37 operations were performed with wastage occurring in 68% of cases, costing £549.63 in total. In the second period 40 operations were performed with wastage in 17.5% of cases, costing £50.83. This was a 91% saving.
Conclusions: Scaling this up to all the theatres in our trust (29) would be the equivalent of £431,569.48 per year, and we estimate £43,000,000.00 across the NHS. This shows large savings are achievable. Patient care is unaffected with no compromise in equipment.

0708: EXCESS POST-OPERATIVE BLOOD TESTS ON ELECTIVE GENERAL SURGICAL PATIENTS

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Introduction: There is scarcity of evidence surrounding recommendations for post-operative blood tests in the non-complicated elective general surgical patient. Unnecessary tests above what is required for safe clinical care would waste resources. We aimed to propose a safe guideline to improve test efficiency and assess its potential impact.
Methods: We analysed the blood tests for 30 elective colorectal patients along with any complications and hospital stay-length. A guideline was suggested and its potential cost-savings predicted.
Results: Inappropriately early CRP's were performed with 80% of patients tested on day 1 or 2, and 55% on both. Many FBC's were excessive with 47% of patients tested daily for the first 3 days when 33% were already within normal range by day 2. Clotting and LFT's were regularly tested in the minority. No patients had tests lacking. The proposed guidelines projected an average potential saving of £1.68 per patient per day.
Conclusions: There was an excess of blood tests in most of the early post-operative patients despite uneventful recoveries. Daily CRP, LFT and clotting may not be appropriate for most patients in this early period without clinical grounds. The proposed guideline could result in fewer tests and improved cost-efficiency whilst maintaining safe practice.

0713: RESULTS OF A DOUBLE CYCLE AUDIT INTO VENOUS THROMBOEMBOLISM PROPHYLAXIS IN GENERAL SURGICAL PATIENTS IN A DISTRICT GENERAL HOSPITAL

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Aims: To audit our practice of venous thromboembolism prophylaxis against national guidelines (SIGN122). To improve adherence to the guidelines and re-audit to quantify the effect.
Methods: All general surgical inpatients, over a random 4 week period, were assessed for; prescription application, indications/contraindications of anti-embolism stockings(AES) and low molecular weight heparin(LMWH). Intervention included medical/nursing education and policy changes for prescribing AES. The audit was repeated at 7 months.
Results: First round(n=252); prescription(21%) and application of AES(28%) was poor, 79% were prescribed prophylactic LMWH and 26 patients inappropriately received no LMWH. In the second round(n=204); prescription(61%) and application of AES (58%) had greatly improved, 94% were prescribed LMWH and 4 patients inappropriately received no LMWH. Between receiving, elective and high dependency wards there was significant variability in the rates of prescription and application of AES.
Conclusions: Prescription and application of AES improved significantly following intervention across all wards. Despite high prescription rates the receiving ward maintained the lowest rate of application possibly due to high patient turnover. HDU maintained the highest rate of application of AES possibly secondary to greater nurse:patient ratio. 150 patients in the 1st round and 32 in the 2nd round were not prescribed, and did not have AES applied.

0715: INITIAL IV FLUID THERAPY – ARE WE FOLLOWING GIFTASUP GUIDELINES?

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Aims: This study looked at the fluid prescribing practices to see if it had adhered to the first three recommendations of the GIFTASUP guidelines.
Methods: Clinical notes and initial fluid prescriptions of 67 new emergency surgical admissions in a district general hospital were obtained to perform a retrospective statistical analysis.
Results: Patients deemed to require resuscitative fluid therapy are being prescribed therapy suggested by the GIFTASUP guidelines in that: 1) where crystalloid resuscitation is indicated, a balanced salt solution is only being prescribed in half of patients 2) patients who present with vomiting are still being resuscitated with Hartmann's alone , risking the patient developing hypoerchloraemic acidosis. Prescriptions for maintenance fluid therapy again did not meet basic maintenance requirements in that: 1) patients are not being prescribed enough fluid 2) there is a tendency to oversupplement sodium and undersupplement potassium, despite the majority not having any electrolyte imbalance. Finally, basic documentation pertaining to fluid management such as the volemic status of patients and their electrolyte results are not being satisfactorily documented.
Conclusions: Despite the GIFTASUP guidelines, which has simplified fluid prescription, patients are not being prescribed the correct fluid therapy in the initial 24 hours of admission.

0721: INTPACS: INTEGRATED PATIENT COORDINATION SYSTEM – A BESPOKE TOOL FOR SURGICAL PATIENT MANAGEMENT

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Aims: To design and implement software for surgical handover using the audit results of surgeons' perceptions, use and limitations of existing processes. To gain feedback on this new software and implement a long term sustainability strategy.
Method: Following the initial review, a proposal was presented to the Trust for a new patient management tool. The software was designed and developed in-house to reflect the needs of our surgeons. The bespoke programme used open source coding and was maintained on a secure server. A review of surgical handover occurred 6 weeks post-implementation of the new software.
Results: IntPaCS: Integrated Patient Coordination System was successfully developed and delivered. The system was a centralised platform for the visualisation, handover and audit/research of surgical in-patient information. Feedback found that the old handover method impacted heavily on patient safety (70%) compared to IntPaCS (30%). IntPaCS facilitated better audit/tracking of previous patients (66% vs 15%). The old handover process was more stressful for junior doctors (82%).
Conclusions: Clear deficiencies and inefficiencies exist in surgical patient management, particularly relating to patient workflow and handover. This study has shown that the careful use of emerging technology and innovation has the potential to improve all aspects of clinical governance.

0736: COMPARING THE EFFICACY OF CLINICAL DIAGNOSIS AND COMPUTED TOMOGRAPHY IN THE DIAGNOSIS OF ACUTE APPENDICITIS

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