the awareness of emergency department (ED) doctors since publication of the safety alert.

**Method:** A survey assessing the recognition and management of button battery ingestion was distributed to all EDs within the West Midlands region.

**Result:** 175 responses were collated; 39% SHOs, 30% foundation level trainees, 21% registrars, and 10% Consultants. 59% were unaware of a departmental protocol, 30% denied routinely asking about the possibility of an ingested button battery, whilst only 27% were aware of the timeframe for potential mucosal damage. 25% were aware of the importance of immediate retrieval (CEPOD 1). Of the 10% aware of the diagnostic workup, only 11% and 6% correctly recognised the halo sign and step contour as discriminating radiological features.

**Conclusion:** Despite repetitive concerns, this survey highlights training and protocol implementation remain substandard. A standardised assessment and management protocol for EDs is strongly advocated.

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**1201: DAY CASE TONSILLECTOMY – A 5 YEAR PROSPECTIVE REVIEW**

H. Tailor, G. Dobson, M. Damodara, H. Wallace, S. Kundu. Darlington Memorial Hospital, Darlington, UK.

**Aim:** According to the National Prospective Tonsillectomy Audit (NPTA) 2005, more than 80% of patients were admitted overnight for a tonsillectomy procedure. The Department of Health set out a NHS Plan that 75% of all surgery should be performed as daycase. The tonsillectomy commissioning guide 2013 also recommends daycase.

**Method:** Morning theatre sessions were set up dedicated for daycase surgery. All patients operated on for tonsillectomy and/or adenoidectomy were included, except if already deemed they needed an overnight stay. A data-capture proforma was completed for each patient and were followed up for reasons for delayed discharges (not discharged same day) or readmissions.

**Result:** 49 out of 145 were appropriate referrals (33.8%) compared to 95 out of 145 inappropriate referrals according to NICAN guideline (65.5%). 10 HNC diagnoses made within the 145 patients (6.9%). “Pick-up” rate of 14.3% when a patient had been referred appropriately compared with a 2.1% rate when not.

**Conclusion:** Results of audit disseminated with suggestion for use of a pro forma referral form to ensure that a specific criterion within the guidelines is selected when referring. Aim to re-audit the period of time that the pro forma was in use to establish if any improvement.

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**1236: COMPARATIVE STUDY OF SINO-NASAL OUTCOME TEST 22 (SNOT-22) SCORES AMONG RHINOLOGY PATIENTS**

M. Junaid, A. Mitchell-Innes, M. Cameron, Y. Takwoingi. City Hospital, Birmingham, UK.

**Aim:** The SNOT-22 is a symptom-based questionnaire that can be utilised to assess the impact of sino-nasal disease on quality of life. The aim of this study was to evaluate and compare SNOT-22 scores among several sino-nasal conditions and treatment strategies.

**Method:** Data were collected from SNOT-22 questionnaires completed by patients attending an ENT clinic between 2010 and 2015. Patients were excluded if less than 14 years old or if pre or post-treatment scores were unavailable. Each patient was allocated a specific domain according to weighting of predominant symptoms (nasal, ear/facial, sleepiness, emotional).

**Result:** In total 299 patients were included. Deviated nasal septum (DNS) was the most prevalent diagnosis (39%), and showed the greatest reduction in post-treatment scores (average -14 reduction). Septoplasty with cautery of inferior turbinates had the greatest decrease among treatment modalities (-23). Nasal was the most prevalent domain (47%), with the emotional domain exhibiting the greatest fall in scores (-17).

**Conclusion:** This study has demonstrated the potential of SNOT-22 scores to predict sino-nasal disease outcomes according to patient characteristics, primary pathology and treatment modalities. Furthermore, such tests can help to quantify treatment efficacy in order to expand our evidence base for management of specific diseases.

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**1210: AUDIT OF RED FLAG REFERRALS FROM GPS FOR SUSPECTED HEAD AND NECK CANCER**

C. Brown, R. Adair. Ulster Hospital, Belfast, UK.

Red flag referrals are made by GPs when there is a suspicion of a cancer diagnosis. GPs are provided with guidance by the Northern Ireland Cancer Network (NICAN). This audit investigated the red flag referrals made by GPs within the South Eastern HSC Trust to the ENT service, Ulster Hospital Dundonald for suspected Head and Neck cancer (HNC). If all referrals made appropriately according to the NICAN guidelines 2. 100% of patients referred to be seen at outpatient clinic within 14-days.

**Method:** 145 patients who had a red flag referral made between 1st January 2014 and 31st December 2014 were identified.

**Result:** 49 out of 145 were appropriate referrals (33.8%) compared to 95 out of 145 inappropriate referrals according to NICAN guideline (65.5%). 10 HNC diagnoses made within the 145 patients (6.9%). “Pick-up” rate of 14.3% when a patient had been referred appropriately compared with a 2.1% rate when not.

**Conclusion:** Results of audit disseminated with suggestion for use of a pro forma referral form to ensure that a specific criterion within the guidelines is met. Alternatively, a procedure protocol should be agreed on between all GP practices.

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**1277: WHAT IS THE BEST SUPPORTIVE MANAGEMENT FOR ADULTS REFERRED WITH TONSILLOPHARYNGITIS? THE BESMART1 PATIENT AND PROFESSIONAL SURVEY**

B.G. Taib, J. Abbas, C. Earnshaw, J. Veitch, A. Lau. Royal Liverpool University Hospital, Liverpool, UK; Blackpool Teaching Hospital, Blackpool, UK; Aintree University Hospital, Liverpool, UK.

**Aim:** With over 74,000 admissions per year in England, tonsillopharyngitis represents a significant health burden. Evidence from the BeSMART1 Observational Study suggests that no secondary care interventions affect outcomes. Here, we explore the beliefs and expectations of patients and professionals in order to develop novel care interventions.

**Method:** Prospective multi-centre trainee research collaborative survey interim patient survey results (n = 25 of 40) Professional survey results (n = 40; 20 primary and 20 emergency care)

**Results:** Median duration of symptoms before admission was 3 days (range 1-10). Most patients chose inability to swallow (32%) as their reason for admission. 90% of health professionals were not aware that a single dose of steroid could help resolve pain faster but, after reading the evidence, 80% would consider this in future. Most patients (68%) would have liked their medication in tablet form. A minority of patients (72%) said they would have been happy to avoid surgery. However, most professionals (85%) provided medication in tablet form. A majority of patients (72%) said they would have been happy to avoid surgery. Most patients (68%) would have liked their medication in tablet form. A minority of patients (72%) said they would have been happy to avoid surgery. However, most professionals (85%) provided medication in tablet form.

**Conclusion:** In conclusion, disparities exist between patients’ expectations and health professionals’ ability to address them. We hope to address these issues through: patient education and improvements in prescriber awareness.

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**1346: A SYSTEMATIC REVIEW OF OTOLOGICAL INJURIES CAUSED BY AIRBAG DEPLOYMENT**