

72 hour from injury. Patients with reduced clot strength (maximal amplitude < 50mm) evaluated by TEG was associated with higher mortality in multiple studies conducted in emergency setting. For example, Nystrup et al showed means ISS of 27 in this subgroup of patients with a high mortality. Amy JP et al showed relationship between low MA and platelet dysfunction and ultimately, the need of transfusion. Although statistically not significant, the trend of prolong R, more acute alpha angle and longer K values indicates more generalized coagulation dysfunction. Therefore, individualized transfusion strategy involving TEG-goal-directed approach appears promising.

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### CONCURRENT AND PREDICTIVE VALIDITY FOR FRAILTY SYNDROMES IN THE ACUTE MEDICAL CARE SETTING

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#### INTRODUCTION

For some, population ageing is associated with increasing frailty. Existing frailty assessment scores exhibit poor predictive power for adverse events in the acute medical setting. We have published work validating a model based on frailty syndromes (cognitive impairment, falls, reduced mobility, pressure sores, functional dependence and anxiety/depression) on English administrative

data(doi:10.1136/bmjopen-2015-008457). We aim to explore concurrent (comparison with frailty index) and

predictive validity (30-Day mortality, emergency readmission and institutionalization) for this model in the acute medical setting.

#### MATERIALS & METHODS

A prospective observational study in the Acute Assessment Unit of Chelsea and Westminster Hospital with convenience sampling from May - Dec 2013 of adult acute medical patient admissions. Data was abstracted by a researcher from patient records up to 36 hours from admission. Outcomes were retrieved at one month after index admission. Statistical analysis includes descriptive statistics, logistic regression and Area Under the Receiver Operator Characteristics Curves(AUC) for predictive power derived from predicted probabilities. Missing data analysis followed by multiple imputation (by regression of dataset) where appropriate. Frailty Syndromes models were adjusted for age, gender and number of readmissions in previous 6 months. A Frailty Index was created from 31 criteria from previously described methodology (DOI: 10.1186/1471-2318-8-24)

#### RESULTS

Frailty syndromes were prevalent in those >65 years (N=482; cognitive impairment-27.8%, falls-42.1%, reduced mobility-5.2%, pressure sores-10.4% functional dependence-42.5% and anxiety/depression-31.3%). The frailty syndromes model had excellent concurrent validity with Frailty Index (AUC 0.83-0.85). The frailty syndromes model had moderate to good predictive power for adverse events at 30 days (inpatient mortality AUC 0.80-0.81, emergency readmission AUC 0.71-0.72, institutionalization AUC 0.63-0.65) in comparison to Frailty Index (inpatient

mortality AUC 0.73-0.74, emergency readmission AUC 0.53-0.55, institutionalization AUC 0.52-0.58)

## DISCUSSION

Frailty syndromes are a valid and useful for risk stratification in older persons requiring acute medical care.

### PP 95 A STUDY ON THE KNOWLEDGE, ATTITUDE AND PRACTICE AMONG FRONTLINE DOCTORS IN DENGUE MANAGEMENT IN UNIVERSITY MALAYA

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## INTRODUCTION

Dengue fever has become a main public concern in recent years. This study was conducted in University Malaya Medical Centre (UMMC) with the objective to ascertain the current level of knowledge, attitude and practices (KAP) regarding dengue management among the frontline doctors working in UMMC.

## MATERIALS AND METHODS

The study design was a descriptive cross sectional study. All doctors working in the Emergency department (ED) and primary care department (PCD) were recruited in the survey. All 117 doctors were interviewed by using a structured questionnaire.

## RESULTS

The study showed that more than two third of the doctors had 5-10 years of working experience and they were seeing 20-40 patients in a day; while near to one third of them did not have dengue training in the past two

years. This study showed that 70.9% of the doctors failed to identify the correct tourniquet test and only about one quarter of the doctors routinely advised patients on dengue preventive measures. There was significant association found between the working experience and practice behavior ( $p=0.007$ ), working department and practice behavior ( $p=0.003$ ) as well as knowledge and attitude among the ED doctors ( $p=0.004$ ).

## DISCUSSION

This study indicates that doctors in longer years of service gained more experience from seeing patients. PCD doctors had better practice score compared to ED doctors because more time were spent on advising patients on dengue self care and preventive measures. ED doctors had both good knowledge and positive attitudes towards dengue management. The knowledge of the frontline doctors can be improved further although majority of them posed high level of knowledge, while most of them had moderate attitude and fair practice score. Therefore, regular dengue training is necessary for improvement of knowledge, attitude and practice behavior on dengue management among the frontline doctors.

### PP 96 THE MODE AND LOAD OF REFERRAL FOR THE "ISLAND" WITHIN AN ISLAND: A REVIEW

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## INTRODUCTION

Kapit Hospital serves as the only hospital in the division of Kapit,