

This study aimed to assess ICU nurses' perception of their ability to assess critically ill patients' nutritional status using the evidence-based guidelines.

Methods A cross sectional descriptive design was employed. A total of 190 ICU nurses from two health care sectors in Jordan participated in the study and completed a structured questionnaire prepared to assess nurses' perception of patients' nutritional status.

Results Nurses showed greater levels of responsibility for 'preventing complications' and 'evaluation' than 'assessment' and 'identifying goals'. Tube position is still confirmed via unreliable measures such as air bubbling technique (mean 4.00, SD 1.14). The mean for measuring Gastric Residual Volume was above the mid-point (3.70, SD 1.33). However, there was inconsistency in recognising the limit, threshold and frequency of measuring this volume. Diarrhoea is the most frequent complication of enteral nutrition (mean 3.36, SD 1.34) followed by abdominal pain, tube dislodgment, weight loss and uncontrolled blood sugar. Nurses perceived that the incidences of complications are less likely to occur in the presence of evidence-based guidelines than absence ($\rho = 0.73$, $df = 251$, $p < 0.001$).

Conclusion Nurses show more concerns about the outcomes of enteral feeding instead of the preliminary assessment. Measuring GRV and confirming tube placement are still deficient and require further attention. EBP is acknowledged by nurses where undertaking such protocols is emphasised.

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Disclosure of Interest None Declared.

PTH-049 THE SPLIT CLINIC – A PRESCRIPTION FOR EFFICIENCY IN THE GASTROENTEROLOGY OUTPATIENT CLINIC

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Introduction Worldwide, healthcare providers are striving to balance escalating costs with the patient's expectation of efficient access to specialist opinion, rapid investigation and treatment. Over the past 65 years, the NHS gastroenterology outpatient journey has remained unchanged. Patients are assessed at the first visit, followed by one or more hospital visits for gastrointestinal investigations and a return hospital visits for final assessment. The split clinic has been designed, wherever possible, to condense the journey from weeks or months to hours.

Methods Over a period of three months, each gastroenterology referral letter was previewed four to six weeks prior to the outpatient appointment, and each patient was triaged as "Solution" and "Complex". For the solution cohort, investigations were predicted and booked for the same day as the outpatient visit.

The patients were asked to attend clinic starved and told to expect one or more same day gastrointestinal investigations. On the appointment day, "Solution" patients attended the split clinic for an initial assessment, then proceeded to investigation, returning thereafter to the clinic for feedback.

Results Of 174 referrals, 95 patients were triaged from the referral letter as "Solution" patients, and 81 attended the split clinic (7 did not arrive, 4 postponed, 3 direct to surveillance colonoscopy). In those who attended, 46 same day tests were performed (14 upper endoscopies, 11 sigmoidoscopies, 5 barium swallows, 6 Eso Capsule endoscopies, 5 ultrasound scans, 1 electrogastrogram, 2 CT abdomen and 2 CT colonoscopy). Twenty-seven patients (34%) were discharged, and twenty-two (27%) were discharged after a single follow up telephone consultation. Overall, 49 patients designated as "Solution" patients (60%) required only a single hospital visit. Sixteen patients (17%) were re-designated as "Complex" requiring further tests and 3 (3%) were referred elsewhere. Overall, 95 (46 same day tests and 49 return to follow up clinic in old system) return hospital visits were avoided and the attended to discharged ratio was 81:27 (1:0.3).

Conclusion Analytical triage of GP referral information allows identification of most gastroenterology "Solution" patients. This facilitates pre-emptive investigation planning and scheduling which, in turn, supports a split clinic designed to condense weeks or months of investigation and follow up into a few hours. The well planned split clinic meets the patient's expectation for an efficient journey, quick diagnosis and reduced number of hospital visits.

Disclosure of Interest None Declared.

PTH-050 THE IMPACT OF A DEDICATED INPATIENT BLEEDERS ENDOSCOPY LIST IN THE TIMELY MANAGEMENT OF ACUTE UPPER GASTROINTESTINAL BLEEDS

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Introduction Acute upper gastrointestinal bleeding (AUGIB) is still a medical emergency with a hospital mortality rate of 10%^[1]. NICE guidelines recommend that endoscopy is offered to all patients presenting with AUGIB within 24 h^[1]. In order to improve our waiting times, a week day dedicated Inpatient Bleeders (IB) list was introduced from October 2012 and its impact on time to endoscopy and length of hospital stay monitored through audit.

Methods A retrospective audit of all AUGIB in Princess Alexandra Hospital (a district general hospital in Essex) was conducted from April-September 2012 (prior to the introduction of the IB

Abstract PTH-050 Table 1

| | Pre-IB (April-September 2012) | Post-IB (January to April 2013) |
|---|----------------------------------|------------------------------------|
| Total cases | 103 | 88 |
| No of AUGIB (primary reason for admission) | 65 | 60 |
| Days to OGD (mean) | 2.15 | 1.78* |
| % of OGDs within 24 h | 36.9 | 53.3 |
| Median LOS (days) | 5 | 4* |

* $p < 0.05$