

## MO-15

### Adherence to guidelines of paracetamol poisoning in rural hospitals of Sri Lanka

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**Objective:** Paracetamol admissions in Sri Lanka have been increasing in urban hospitals. The use has not been quantitated in rural areas. Increasing use in rural areas may impact on resource utilisation and public health. National guidelines on the management of self-poisoning allow treatment of paracetamol poisoning in rural hospitals. Non-adherence to these guidelines may lead to unnecessary and costly transfers to larger referral hospitals. The objective of this study was to investigate if non-adherence to guidelines is justifiable.

**Methods:** In a prospective study, data were linked between primary and tertiary hospitals in Kurunegala (44 primary and 1 referral hospital) and Matara (13 primary and 1 referral hospital) districts. We examined the transfer patterns to two tertiary hospitals, tertiary hospital Kurunegala (THK) and tertiary hospital Matara (THM) using transfer reason mentioned in Bed Head Tickets and attempted to justify if the transfers were necessary.

**Results:** There were 3129 admissions to primary hospitals and 904 (29 %) patients were transferred to THK (809) and THM (95). The reason for transfer was mentioned as antidote requirement in 297, and in 607, antidote treatment was not mentioned as the reason for transfer. There was a significant difference of the median number of tablets ingested between those who had a reason mentioned 23 (IQR= 18-30) and otherwise 21.5 (IQR 13-28) ( $p<0.000$ ). 485 (54%) were given an antidote at the tertiary care hospitals. 398 (44%) patients were not given an antidote and should not have been transferred. Of the 297, who were transferred for antidotes, 147 (60%) were given antidotes and 51 were lost to follow up. Of those 607, who were transferred for other reasons, 238 (48%) received antidotes and 112 were lost to follow up.

**Conclusion:** Larger numbers of patients who do not require treatment are transferred. A significant number of patients who require antidotes are not treated in the primary hospitals. This reflects that understanding treatment guidelines is poor.