Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

performed for clinical care. These efforts are critical to the mission to end the HIV epidemic by 2030.

290 A Novel Triage and Evaluation Process During the COVID-19 Pandemic

Leubitz A, Klein L, Gekle R, Decena E, Raio C/Good Samaritan Hospital, West Islip, NY

Study Objective: The COVID-19 pandemic put an immense strain on emergency departments (ED) throughout the country. Many patients required hospitalization, while others required symptomatic care and testing. We established a novel triage and treatment process, using a combination of telemedicine and a tent site adjacent to the ED, that provided safer and more efficient patient care.

Methods: We conducted a retrospective study of patients with suspected COVID-19 evaluated at a suburban, academic medical center in Long Island, New York. Patients who presented to the ED with symptoms of COVID-19 during a 30-day timeframe between the hours of 11 am to 7 pm were triaged by vital signs and a questionnaire at the main ED entrance. If appropriate, patients were then directed to our tent site. Our primary outcome was 30-day return visits for acute medical concerns related to COVID-19.

Results: We assessed 693 patients. 505 patients (73%) tested positive for COVID-19. The mean age was 41.6 years old. In regards to 30-day revisits, a total of 74 patients (10.1%) returned to the ED, and 38 (5.5%) of these were related to COVID-19. Of this group, 11 patients (1.6%) were admitted to the hospital, including one ICU admission. There was one death in the 30-day revisit group (COVID-related complications).

Conclusion: Our novel triage and evaluation model provided a safe environment for testing and treating patients during the first wave of the COVID-19 pandemic. This information can help emergency departments provide alternative treatment models to care for patients during future surge scenarios.

Outcome Variable	
Patients Per Day (mean, range)	21.7 (0 - 42)
Tent Length of Stay (mean minutes, range)	43 (13 - 349)
Transferred to ED from tent for further workup	4 (0.6%)
Discharged from ED	3 (0.4%)
Admitted from ED	1 (0.1%)
Total 30-Day Return Visits	74 (10.7%)
Median Days To Return Visit for All Return Visits	7 (range 1-28)
30-Day Return Visit for Acute Medical Reason Related to COVID	38 (5.5%)
ED Visit for Additional Testing and Discharge	27 (3.9%)
Admitted to Floor	10 (1.4%)
Admitted to ICU	1 (0.1%)
Median Days to Return Visit for Acute Medical Reason Related to COVID	5 (range 1-28)
30-Day Return Visit for Other Cause	36 (5.2%)
Return for Education or Requesting Re-Testing	26 (3.8%)
Unrelated Chief Complaint	8 (1.2%)
Return for Labor & Delivery	2 (0.2%)
60-Day Return Visit (31 - 60 Day)	3 (0.4%)
Death (30-Day Mortality related to COVID)	1 (0.1%)

291 Utility of Measuring Serum Creatinine to Detect Renal Compromise in Emergency Department Patients Receiving IV Contrast-Enhanced CT Scan

Bonadio W, Bonadio W, Molyneux K, Lavine E, Jackson K, Kagen A, Legome E/Mount Sinai medical center, New York, NY

Study Objectives: To determine the efficacy of a roster of clinical factors in identifying risk for renal insufficiency in emergency department (ED) patients requiring intravenous contrast-enhanced CT scan (IVCE-CT); to help mitigate potential for developing contrast-induced nephropathy (CIN).

Methods: A review was conducted of consecutive ED patients who received IVCE-CT during a 4-month period in our urban ED. The values of ED serum creatinine (SCr) performed were tabulated. The medical records of all patients with an elevated SCr (>1.4mg/dL) were reviewed to determine and correlate the presence of clinical risk factors for underlying renal insufficiency.

Results: During the 4-month study period there were 2,260 consecutive cases who received IVCE-CT; of these, 2,250 (99.6%) had concomitant measurement of SCr. Elevated SCr occurred in 141 patients (6.2%); of these, 75 had a SCr >2 mg/dL. In all, 139/141 (98.6%) with an elevated SCr had an underlying chronic or acute medical condition identified by medical record review which potentially compromised renal function; including chronic renal disease, diabetes mellitus, HIV infection, cancer, hypertension, congestive heart failure, sepsis/septic shock, chronic alcoholism, and sickle cell disease. Two patients with no identified risk factor each had (mildly) elevated SCr; both had a normal SCr measured post-CT scan. The total cost of performing serum basic metabolic panel to measure SCr in all patients during the 4-month study period was \$94,500.

Conclusion: Elevated SCr is rarely present in ED patients without recognized risk factors who receive IVCE-CT scan. The vast majority with underlying renal insufficiency are readily identified by a review of the patient's medical history and/or