Conclusion:
The studies concluded that any patient presenting in the 24-hour period from the onset of symptoms is favourable. Overall, early treatment is important for preventing bladder dysfunction. However, even with the AAAT, there remains a risk of potential inaccuracy in phenotyping and choosing correct management for reported penicillin allergies using an antibiotic allergy assessment tool.

Can non-allergy health workers safely delabel reported penicillin allergies using an antibiotic allergy assessment tool?

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Changes to acute vascular care management during the COVID-19 pandemic: The Vascular and Endovascular Research Network (VERN) COvid-19 Vascular sERvice (COVER) Tier 3 study

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Introduction: The COVID-19 pandemic forced rapid adaptations to healthcare provision. The COvid-19 Vascular sERvice (COVER) Study aimed to contemporaneously report changes to practice and subsequent outcomes of vascular patients managed during the pandemic.

Methods: COVER is a three-tiered international multi-centre observational cohort study aiming to quantify the specific impact of the pandemic on the provision of vascular and endovascular surgery and the adjustments made to standard vascular practice during this time. The primary outcome of Tier 3 was to identify how the management of all referred urgent vascular cases changed throughout the COVID-19 pandemic. Secondary outcomes included longitudinal data to identify condition-specific outcomes for these patients at 3, 6 months and 1 year. Over a minimum four-week period, contributing vascular centers contemporaneously collected prospective data on the management of all urgent referrals received during this time.

Results: Data from over 1693 patients worldwide has been obtained and is currently undergoing analysis. Provisional results suggest that approximately 18% of patients had significant changes to their care during the pandemic. Full descriptive results of management changes during the pandemic itself will be reported at the NRCM meeting.
Conclusions: It is anticipated that this work will highlight significant deviation in the management of urgent vascular referrals when compared to pre-pandemic best practice guidelines. It will be crucial to identify and monitor the ongoing impact this has on patient care.