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.

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of 14,324 visits (0.14%) were coded as DKA, while in December 2020, 37 out of 10,942 visits (0.34%) were coded DKA. In December 2020, 11 DKA cases were COVID-19 positive and 26 were COVID-19 negative. When excluding the 11 cases of DKA with positive COVID-19 tests, the rate of DKA in 12/2020 would be 0.24%.

Conclusions: We found the incidence rate ratio of DKA in 2020 increased compared to 2019, with an almost doubling of DKA rates in the month of December, the peak months of our pandemic surge. Our findings suggest a correlation between COVID-19 positivity and DKA, but is limited by small numbers at a single site. There is also limited data to suggest secondary factors may also play a role in increased rates. When removing COVID positive DKA cases in December 2020, the prevalence that month continued at 0.10% higher than in December 2019. While small numbers prevent firm conclusions, its possible factors outside of COVID infection are attributing to higher rates. Various studies have shown reduced access to care for conditions managed in ambulatory settings during the COVID pandemic. Given this, decreased access to care for medication refill and titration may also be contributing to the rise in DKA rates. As more data becomes available, further research is required to establish the role of access to care versus inflammation from COVID-19 infection in triggering DKA.

Figure 1: DKA rates by year and COVID test status

![Graph showing DKA rates by year and COVID test status]

**75 Reliability of Nurse-Performed Lung Ultrasonography of Suspected COVID-19 Patients at the Emergency Department Traige in a Single-Center Study**

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Study Objectives: Point-of-care lung ultrasound is now considered a valuable tool in the emergency department (ED) to evaluate patients with respiratory complaints. It is very reliable in detecting artifacts associated with alveolar-interstitial syndrome - a common feature seen in patients with pneumonia, pulmonary edema and more recently, COVID-19. The aim of this study was to determine the reliability of ED nurses to interpret point-of-care lung ultrasound artifacts suggestive of COVID-19 respiratory disease at the triage.

Methods: Our single-center study prospectively evaluated all consecutive patients who were suspected of COVID-19 respiratory disease at the ED of St. Luke’s Medical Center-Quezon City. Eligible patients underwent lung ultrasonography conducted by a trained ED nurse. The ultrasound scans were recorded, stored and interpreted by nurses as to the presence or absence of B-lines, C-lines and/or pleural effusion. These scans were then subsequently viewed and interpreted by an emergency medicine (EM) physician and then finally by a senior ED consultant who is an expert on point-of-care ultrasound (POCUS).

Results: A total of 382 patients were included in the study, which generated 3057 lung ultrasound scans for analysis. Nurse assignment in interpreting B-lines with the emergency physician and the POCUS expert was satisfactory yielding Cohen’s Kappa score of 0.845 (excellent agreement) and 0.781 (good agreement) respectively. On the other hand, nurse assignment in interpreting C-lines with the emergency physician and the POCUS expert were acceptable at a Kappa of 0.678 (good agreement) and 0.272 (fair agreement), respectively.

Conclusions: Our results suggest that nurses who have been trained in the use of point-of-care lung ultrasound can reliably identify and interpret ultrasonic artifacts most notably B-lines. In light of the ongoing COVID-19 pandemic, nurse-performed lung ultrasonography can potentially provide a useful and expedient triage strategy for suspected SARS-CoV-2 patients presenting at the ED.

**76 Emergency Physician Fathers’ Experiences With the COVID-19 Pandemic, A Qualitative Analysis of Free Text Responses**

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Study Objectives: The ongoing COVID-19 pandemic has affected frontline health care workers significantly at work and at home, with recent studies suggesting the pandemic negatively affecting physicians in both spheres. Only a few studies have examined the attitudes and conflicts faced by physician fathers, the majority of current practitioners. This work is a subset analysis of responses to qualitative questions on the impact of the COVID-19 pandemic on the lives of emergency physician (EP) fathers.

Methods: A convenience sample of physician fathers was obtained from May 2 to June 16, 2020, via social media and email. The survey contained questions on personal and professional struggles during the start of the pandemic and including several free test questions. Free responses were analyzed and coded. Several themes emerged related to experiences described: (1) self; (2) social; (3) home life; (4) work life; (5) financial; (6) immediate family. Under each main theme were subthemes that provided a more detailed match for each comment.

Results: There were 260 surveys completed by EP fathers from 31 states. 84% were White, 9% Asian, 1% Black, 5% other. 78% were between 30-49 years; 98% reported having a partner. Most fathers had younger children (infants through middle-school aged) living in the household with them at the time of the survey. The three most common themes were “work life” (38%), “immediate family” (20%), and “social” (15%). In “work life” the most common subthemes were “general change in responsibilities” (29%), “decrease in workload/unemployment” (21%), and “concerns/negative feelings towards work” (18%). In “immediate family” both “positive change in family life” (45%) and “negative change in family life” (19%) predominated. Under “social,” “missing/lacking social interaction” (49%) and “missed/cancelled events” (33%) were most common. Of note in other themes in “self,” the two most common subthemes were “negative mental state” (45%) and “decreased productivity” (12%). In “home life,” “change in usual routine/structure/schedule” was the most common (42%) followed by “difficulty caring/assisting children” (28%). The “financial” theme was dominated by the subtheme “financial issues/loss” (94%).

Conclusions: This study examined reported concerns and attitudes of EP fathers during the COVID-19 pandemic. EP fathers reported a variety challenges affecting both their personal and professional lives with positive and negative changes. Further research is needed to better understand how to support EP fathers during future pandemics.

**77 Racial Disparity in COVID-19 Symptoms**

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Study Objectives: COVID-19 first emerged as an unknown respiratory virus in late 2019. Since the onset of the pandemic, the question of racial differences has been at the forefront of prognostic thought in determination of high-risk groups. Limited data is currently available about racial differences in symptoms of COVID-19. This research performed a retrospective data collection of patients in a hospital system in North Louisiana to determine if there was a statistical difference in presenting symptoms based on race.

Methods: A total of 410 unique Medical Record Numbers (MRNs) were identified retrospectively. Data was collected from a mix of rapid and regular PCR nasal swabs collected from 4/1/2020 to 4/30/2020. Data collected included symptoms, race, ethnicity, occupation, sex and age. Symptoms were collected from their chief complaint, HPI, review of systems as well as nursing evaluation. Similar symptoms expressed in different wording were collapsed into larger categories. The rpart algorithm was used to perform association rule mining in both uncollapsed and collapsed data.