Only 30% of respondents believed using LA would lead to less repeated ABG sampling attempts.
93% of respondents had never personally been sampled for an ABG, although 44% would prefer LA to be used on them.

**Conclusion** The regular use of local anaesthesia before ABG sampling among FY1 doctors is rare. Awareness of the technique is poor, and education is needed. Prominence and promotion in teaching sessions and local guidelines, along with quick access to supplies is likely to help to prevent unnecessary pain in unwell patients.


**P237**

**EMERGENCY OXYGEN THERAPY: DO MEDICAL STUDENTS KNOW MORE THAN DOCTORS?**

doi:10.1136/thoraxjnl-2012-202678.298

A Hughes, H Shillingford, L Hainsworth, R Haigh, M Wijesinghe.

**Background** Oxygen therapy is a life safe drug which should be administered in accordance with British Thoracic Society Guidelines.1

**Objective** To assess the knowledge of medical students, foundation doctors and specialist registrars on emergency oxygen therapy in a district general hospital.

**Methods** A questionnaire was sent to all medical students, foundation doctors and specialist registrars, studying or working at our hospital. Six clinical scenarios were given and the student or doctor was asked to indicate how much oxygen they would administer in 91.2% (207/227) and prescriptions specified ‘continuous’ oxygen in 60.8% (138/227). 59/122 (48.4%) prescriptions for COPD were safe and 26/122 (21.3%) ‘perfect’ compared with 19/105 (18.1%) safe and 0/105 (0%) ‘perfect’ prescriptions for the hypoxic patient without respiratory disease. 185/365 (51%) students passed this station with overall year pass rate for finals 96% (349/363).

**Results** Out of a total of 283 surveys sent, there were 129 responses which included responses from 18 specialist registrars 35 foundation doctors and 77 medical students. The medical students answered 54.5% correctly, foundation doctors 58% correctly and specialist registrars 47.5% correctly. Overall, across all grades, participants were aware of the indications for high flow oxygen. However there was a poor appreciation of the need for controlled oxygen in patients with certain comorbidities such as chronic obstructive pulmonary disease with acute coronary syndrome and morbid obesity.

**Conclusions** This survey has shown a poor understanding of oxygen therapy in many emergency situations. Of concern, the knowledge of our registrars dealing with medical emergencies was poorer than the foundation doctors and medical students. This may be a reflection that since the BTS emergency oxygen guidelines production, teaching on emergency oxygen has now become an integral part of medical student teaching which more senior doctors will not have benefited from. Education on oxygen therapy should be mandatory in medical schools and also to doctors in all grades throughout the trust.