

## PS1.298

### **Adequacy of the urgencies and study of the most frequent reasons of consultation in emergencies of a primary care center**

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**Background and Aim:** To know the reasons of the patients to consult to an emergency service in a semirural primary care center. To establish the suitability of the urgent consultation. To describe the socio-demographic characteristics of patients, pathologies, prior and indicated therapies in consultation.

**Method:** Observational, cross-sectional, descriptive, pilot study. We studied 150 patients of 15 years of age or older, which consulted our Primary Care Emergencies, during 9 randomly selected evenings (from 3pm to 8pm) from November 15th to December 15th 2014, and who agreed to participate in the study.

Exclusion: telephone consultations and medical home care.

Variables: Age, sex, place of residence, working hours, assigned doctor, estimated time to get an appointment, programmable consultation, without an appointment, reason for consultation, personal who attended the patient, previous therapies, treatment, suitability.

**Results:** 57.33% women. Average 44,44 years old. Most frequent hours: 7pm to 8pm.

Working hours: mornings 32,67%, non-working hours 34,67%. Average delay time 5.29 days. Suitability 50,67%.

Reason for consulting Emergencies: prior appointment delay 19.33%, the patient always consults emergencies 14%.

Reason for consultation: pathologies 77.33%, others 22.77% (prescription 6%, bureaucratic 4.67%, health question 6%, and cures 4.67%).

Most common diseases: respiratory pathology 27.33%.

Treated by: nurse 35,33%, doctor 39,33%. Previous treatment: none 58,67%, drugs 36%.

Administered: Intramuscular analgesic 11,33%.

Treatment at discharge: analgesics 36%, none 28%.

Referrals: 4%.

**Conclusions:** 23% consult Emergencies for non-medical issues. Half of the cases are not suited to the urgent demand. The most consulting population are women, from 30 to 40 years of age. The most frequent queries are due to respiratory pathology. 60% of the patients consulted directly to our service before making any prior therapeutic procedure. At discharge, the most prescribed treatments were analgesics and advices.