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.

substantial increase, however, from zero G2213 billing code submissions prior to ED-initiated MAT procedure template incorporation. Of note, the G2213 billing code represents 1.89 (facility) RVU's which represents $61.25 per the 2021 national CMS payment schedule (32.4085 conversion factor); therefore, this represents $2,266.25 in potential revenue (absolute collections not obtained). If implemented for all ED OUD patients initiated on MAT, potential revenue nears $7,500.

Conclusion: The recent escalation of the opioid epidemic has resulted in EM clinicians increasingly called upon to engage and treat OUD, specifically with ED-initiated MAT. Incorporation of a MAT-initiation 'procedure template' into the emergency clinician EMR note can result in the facilitation of MAT documentation and subsequently, successful billing submissions. Opportunities exist to improve clinician utilization of this template.

No, authors do not have interests to disclose

205 Clinical Characteristics, Outcomes, and Interobserver Agreement of Point-of-Care Ultrasound Detected Mesenteric Adenitis in Non-Surgical Pediatric Abdominal Pain: A Retrospective Cohort Study

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Study Objectives: Point-of-Care Ultrasound (PoCUS) use in the emergency department (ED) may facilitate the bedside diagnosis of non-surgical sources of abdominal pain after surgical causes are excluded. Identifying mesenteric adenitis is a feasible PoCUS application due to its ease-of-use and speed. However, there is scant data regarding the diagnosis of mesenteric adenitis by PoCUS. The objective of this study was to describe the clinical characteristics, outcomes and interobserver agreement of mesenteric adenitis identified on PoCUS in pediatric patients with non-surgical abdominal pain.

Study Design/Methods: This was a retrospective review at a single, tertiary-care, urban pediatric ED. All cases of mesenteric adenitis diagnosed on PoCUS from January 2018 to April 2022 were reviewed. Demographics and clinical data, including presentation and outcomes were recorded. All PoCUS videos with clinical information were reviewed by a senior sonologist-physician for determination of mesenteric adenitis in children 21 and younger with non-surgical abdominal pain. Interobserver agreement by Cohen's Kappa was calculated between experienced and novice physician sonologists blinded to diagnosis who reviewed 77 six second video clips for presence or absence of mesenteric adenitis.

Results/Findings: Thirty subjects were identified by PoCUS to have mesenteric adenitis in the setting of non-surgical abdominal pain presenting to our ED. Most common indications for POCUS were evaluation of suspected appendicitis, suspected intussusception, or undifferentiated abdominal pain. Forty-six percent of patients were male. The median age was nine years old (IQR 4 to 14 years) for mesenteric adenitis. On 4- week clinical follow-up, no patients returned to our ED with a surgical abdomen. Cohen's kappa was 0.92 (95% CI 0.83, 1.0) between experienced physician-sonologists and 0.76 (95% CI 0.62, 0.91) between novice and experienced physician-sonologists.

Conclusion: Mesenteric adenitis, typically a diagnosis of exclusion, can be identified reliably by point-of-care ultrasound in pediatric patients with non-surgical abdominal pain, both by novice and experienced physician-sonologists. Use of PoCUS may help ED clinicians identify a common cause of non-surgical abdominal pain in children.

No, authors do not have interests to disclose

206 Children Under 12 Presenting to the Emergency Department With Covid-19

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Study Objectives: Previous pediatric systematic reviews have shown common pediatric symptoms of Covid-19 include cough, fever, sore throat, upper respiratory congestion, nausea, vomiting and diarrhea. However, these prior studies were not specific to the Omicron-dominant variant. The winter months of late 2021 and early 2022 saw a surge in pediatric patients with Covid-19. We sought to elucidate and characterize the types of symptoms and ages of patients during this wave and compare this data across age groups.

Design/Methods: Retrospective review of patients under age 12 from four community hospital emergency departments (ED). The study period included three months, December 2021 thru February 2022, covering the peak of the Omicron Covid-19 variant surge. Included are all ED patients under the age of 12 with a positive PCR or antigen test done in the ED. Excluded are patients in whom a positive antigen was incidental to the chief complaint and final diagnosis. Data includes age, sex, past medical history, chief complaints, final ED diagnoses and disposition. Age was categorized into three groups: less than one year, age 1 to age 5, and age 5 to 12. Significance testing on chief complaints was performed using Pearson's Chi-squared as appropriate. Only chief complaints with incidence of at least 5% were tested. Alpha is set at 0.008, using a Bonferroni correction.

Results: During the three study months, there was a 10-fold increase in Covid-19 patients under age 12 seen in the ED (from 0.26 patients/day to 2.44 patients per day). 25.0% of the cases were under one year old. 47.7% of the cases were female, 45.5% had only one symptom, 42.8% had two or more symptoms, and 11.7% of the patients were asymptomatic. 97.7% of the cases were discharge from the ED. The top five presenting symptoms were fever (55.5%), cough (25.5%), sore throat/URI symptoms (20.5%), nausea/emesis (14.5%), and headache (7.7%). There was one loss of smell/taste, three croup like presentations (1.4%) and four febrile seizures (2.3%). Fever was the most common isolated symptom (28.6%) and the most common associated symptom (26.8%). Children under age one had significantly more fevers ($p<0.001$) while children over five had more headaches ($p<0.001$).

Conclusions: During the Covid-19 surge of Winter 2022, there was a 10-fold increase in patients under 12 years old. Fortunately, 97.7% of patients were successfully discharge from the ED. Similar to prior studies; fever, cough, sore throat, nausea, and headaches were among the more common presentation in children. We found fever to be not only the most common isolated symptom but also the most common associated symptom in children. Fever occurred in 70.9% of children under age one. Knowing the common symptomatic presentations in children will allow Emergency Physicians to better anticipate future Covid-19 surges involving children.

Table 1: Comparison of Covid-19 by Pediatric Age Groups

	all	under 1	1-5 yo	5-12 yo	
n	220	55 (25.0%)	73 (33.2%)	92 (41.8%)	
Female	47.7%	54.5%	45.2%	45.7%	
Discharged from ED	97.7%	96.4%	97.3%	98.9%	
Symptoms					p-value
Fever	55.5%	70.9%	61.6%	41.3%	<0.001
Cough	25.5%	21.8%	30.1%	23.9%	0.511
URI symptoms	20.5%	10.9%	16.4%	29.3%	0.016
Nausea/Emesis	14.5%	12.7%	20.5%	10.9%	0.196
Headache	7.7%	0.0%	0.0%	18.5%	<0.001
Flu like symptoms	5.0%	1.8%	1.4%	9.8%	0.022
Abdominal symptoms	4.1%	0.0%	2.7%	7.6%	
Seizure	2.3%	0.0%	2.7%	3.3%	
Other respiratory symptoms	1.8%	3.6%	2.7%	0.0%	
Croup like symptoms	1.4%	0.0%	2.7%	1.1%	
Rash	1.4%	0.0%	0.0%	3.3%	

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207 Outcomes of Patients With Septic Shock in an Emergency Department-Based Intensive Care Unit

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Study Objectives: Sepsis continues to be one of the most substantial costs to hospitals, both in terms of cost of life and significant financial burden. Septic shock,