arrest. As this technology rapidly develops and attracts the attention of the scientific community, we present a rapid systematic review protocol that aims to synthesize the scientific evidence that has tested the use of drones to provide emergency medical care. **Methods:** A search strategy incorporating the concepts of ‘drone’ and ‘emergency medicine’ was launched in 52 bibliographic databases, including CINAHL and PubMed. Using the artificial intelligence module included in DistillerSR, a reviewer completed the first screening phase by reading the title and abstract of the retrieved articles. To be included, articles had to report empirical research projects that tested the potential uses of drones to improve the quality and accessibility of emergency medical care. These selection criteria were applied to the full text of the included articles during the second screening phase by a single reviewer. The results of these two screening phases will be validated by a second independent reviewer. The bibliography of included studies, relevant scientific journals and literature reviews will be manually searched for relevant articles. **Results:** The search strategy retrieved 1809 articles, of which 22 met our inclusion criteria in the first and second screening phases. Of these, one study used an empirical research design (qualitative interviews) to evaluate the usefulness of drones in emergency medicine, 17 used simulations or scenarios, and four were comprehensive literature reviews on the use of drones to provide healthcare. The final review will synthesize evidence related to the use of drones in emergency medicine and its impact on emergency medical services: nature of the emergency situation (cardiac arrest, blood transfusion), type of drone (fixed wing, quadcopter), tasks performed by drones (transport, surveillance), improvement in access or quality of care (patient’s health, time saved in providing services). **Conclusion:** Drone technology is evolving rapidly and the indications for its use in providing emergency care is increasing. This rapid systematic review will focus on scientific studies aimed at testing the effectiveness of drones to improve the quality and access to emergency medical care. **Keywords:** drones, emergency medicine, review protocol

**P086**

**Awareness and barriers to access of a Ministry of Health mandated ‘Do Not Resuscitate’ confirmation form: An interim analysis**

M. Lipkus, MD, T. Manokara, K. Van Aarsen, MSc, M. Davis, MD, Hospital, London, ON

**Introduction:** Elderly patients with comorbid illness have poor meaningful recovery after out of hospital cardiac arrest. Many elderly patients decide that if they have a cardiac arrest, they would want not want resuscitation. In Ontario, prehospital personnel must provide resuscitation to all patients regardless of previously stated wishes or legal documentation unless they are presented a Ministry of Health mandated ‘Do Not Resuscitate’ Confirmation Form (MOH-DNRCF). This study aimed to evaluate the awareness of this form as well as any barriers to its completion. **Methods:** Patients over 70 years of age presenting to the Emergency Department were approached to complete a short survey about their wishes regarding resuscitation, awareness of the MOH-DNRCF, as well as any barriers to completion. Standard demographic variables were also collected. Patients, with critical illness, with severe dementia, a language barrier or from a nursing home were excluded. The primary outcome was awareness of the MOH-DNRCF. Standard descriptive statistics were summarized using median [IQR] and simple proportions. **Results:** Preliminary data of 96 patients has been collected. The median [IQR] age of patients recruited was 81 (75-88) years and 54% were female. 49/96 (51%) have wishes to not be resuscitated in the event of cardiac arrest and of those 42 (86%) are not aware of the existence of the MOH-DNRCF. Of the 7 patients who were aware of the form only 1 had completed one. Barriers to completion included the patient being unsure where to access the form and difficulty in discussing the topic. **Conclusion:** The majority of patients with wishes to be DNR are unaware of the MOH-DNRCF. This has severe