associated with cardiovascular events among ED patients without diabetes presenting with acute chest pain.

**Methods:** We conducted a secondary analysis of the prospective, multisite STOP-CP cohort, which enrolled patients ≥21 years old being evaluated for chest pain at 8 U.S. EDs (1/25/2017–9/6/2018). This analysis included patients without known diabetes. Serum GA and high-sensitivity cardiac troponin T (hs-cTnT) were measured using blood from the patient's ED visit. We evaluated GA by quartiles. The primary outcome was myocardial infarction (MI) or cardiac death at 30 days. The secondary outcome was 30-day major adverse cardiovascular events (MACE: cardiac death, MI, or revascularization). Outcomes were adjudicated by three expert reviewers. Logistic regression was used to compare outcomes between patients with GA measures in the fourth quartile (Q4, defined by a GA measure >75% percentile) to those with GA measures in the first quartile (Q1, ≤25% GA percentile). Adjustment was made for hs-cTnT, age, sex, and race. Unadjusted and adjusted odds ratios with 95% confidence intervals (95% CIs) were calculated.

**Results:** Among the 992 STOP-CP patients without known diabetes, 54.9% (545/992) were male, 60.7% (602/992) were White, and the median age was 56 (IQR 48-64) years. At 30 days, cardiac death or MI occurred in 11.1% (110/992) and MACE in 12.1% (120/992). GA was Q4 in 24.2% (240/992) and Q1 in 25.3% (251/992). At 30 days, cardiac death or MI was more common in patients with Q4 GA (14.6% [35/240]) compared to Q1 GA (8.0% [20/251]; OR 1.97, 95% CI 1.11-3.58). Similarly, 30-day MACE was more common in Q4 versus Q1 GA (14.6% [35/240] vs. 8.8% [22/251]; OR 1.78, 95% CI 1.02-3.17). However, with adjustment, the odds of 30-day cardiac death or MI (aOR 1.13, 95% CI 0.56-2.31) and MACE (aOR 1.00, 95% CI 0.51-1.99) were similar.

**Conclusion:** Glycated albumin was associated with 30-day adverse cardiovascular events among ED patients without known diabetes presenting with acute chest pain. However, after adjusting for confounders, the association between GA and cardiac events was not maintained.

## 146 | Intubation in Patients With Acute Pulmonary Embolism: a Descriptive, Retrospective Cohort Study

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**Background and Objectives:** Endotracheal intubation in patients with acute pulmonary embolism (PE) is associated with hemodynamic instability and high mortality. Contemporary data surrounding intubation of patients with acute PE are limited. A recent review identified only 3 relevant studies with a total of 104 patients intubated with acute PE, the majority of whom were intubated in the operating room. Our aim was to describe clinical characteristics of patients intubated with acute PE.

**Methods:** We performed a retrospective cohort study of all adults with confirmed PE for whom the PERT was activated at a single tertiary care center from 08/2017 to 10/2024. PERT was activated for patients with moderate- and high-risk PE. Intubated patients were categorized by indication: (1) for PE-related cardiopulmonary failure, and (2) to facilitate PE-related procedures (e.g. catheter-directed therapies). Patients were determined to be intubated for a PE-related procedure if the indication for intubation was for a procedure to treat PE when the patient had no other acute indication. Data were manually abstracted from the electronic health record and adjudicated by 2 reviewers.

**Results:** Among 483 PERT activations, 25 patients (5.2%) were intubated. Intubated patients had higher PE Severity Index classification (72% [18/25] Class V) than patients who were not intubated (39.5% [167/423] Class V, $p < 0.001$). All-cause mortality at 30 days in intubated patients was 48% (12/25) versus 5.7% in non-intubated patients (24/423, $p < 0.001$). Most intubated patients (72%, 18/25) had right ventricular (RV) strain by echocardiogram. Fifteen patients (60%) were intubated for acute PE–related decompensation, and 10 (40%) for PE-related procedures. Peri-intubation complications included hypotension (28%, 7/25), hypoxemia (24%, 6/25), and cardiac arrest (8%, 2/25). Five patients were intubated while undergoing cardiopulmonary resuscitation. All-cause mortality at 3 days was higher in those intubated because of acute PE (47%, 7/15) than in those intubated to facilitate a procedure (10%, 1/10).

**Conclusion:** Mortality was high in patients intubated with acute PE. Complications in intubated patients were common and mortality varied by indication for intubation, underscoring the importance of distinguishing physiologic decompensation from procedural airway management in acute PE.

## 147 | Preemptive Anticoagulation for Suspected Pulmonary Embolism: An International Survey of Emergency Physicians

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**Background and Objectives:** Guidelines recommend therapeutic anticoagulation for select patients with suspected pulmonary embolism (PE) while awaiting confirmatory imaging. International practices regarding preemptive anticoagulation in the emergency department (ED) are not well understood. We sought to describe emergency physician use of preemptive anticoagulation in patients with suspected PE and identify characteristics associated with its use.

**Methods:** We distributed an international survey between November 2024 and May 2025. Emergency physicians were asked about preemptive anticoagulation use, factors associated with its use, knowledge of international guidelines, and availability of local protocols. A clinical vignette examined decision making around initiation of preemptive anticoagulation. Two multivariable logistic regression models examined factors associated with (1) preemptive anticoagulation use in clinical