Conclusion: Attending physician gender was not associated with LMP documentation, but female residents were less likely than males to document an LMP. These findings suggest that clinician documentation practices may vary by role and gender, highlighting opportunities for targeted education or workflow standardization to improve reproductive history assessment in the EM.

533 | Sex Differences Among Patients Who Received a Pulmonary Embolism Response Team Activation

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Background and Objectives: Multidisciplinary Pulmonary Embolism Response Teams (PERTs) have increased in popularity as treatments available for acute PE have evolved. There is little known about biological sex differences in clinical characteristics, interventions, and outcomes of patients for whom PERT is activated.
Methods: This is a retrospective multicenter cohort study of adult patients for whom PERT was activated from 2016 to 2024. We included patients with radiographically confirmed PE. We obtained clinical and demographic data retrospectively from the electronic medical record from a trained data analyst and abstractors. We performed univariate analyses using Cochran-Mantel-Hanzel and ANOVA tests. We used a post double selection LASSO approach to select among >20 a priori specified covariates to yield final adjusted models for each of the following outcomes: receipt of advanced therapy (systemic thrombolysis, catheter-directed therapy [CDT], surgical embolectomy, or extracorporeal membrane oxygenation), catheter-directed therapy, 7- and 30-day mortality, and 30-day major bleeding. Data analysis was performed using R software, version 4.5.1.
Results: We studied 2602 patients across two clinical sites, 50.3% of whom were female. Females were slightly older, (62.9 vs. 61.7 years, $p = 0.06$), had higher BMIs (33.6 vs. 31.7, $p < 0.001$) and were less likely to be full code (84% vs. 90%, $p = 0.048$). Females had a higher prevalence of chronic lung disease ($p = 0.016$), and lower prevalence of liver disease ($p = 0.043$) and chronic kidney disease ($p = 0.013$). Congestive heart failure, GI bleeding, malignancy, and stroke were similar across sexes. A higher proportion of females had high-risk PE (9.5% vs. 6.3%, $p = 0.011$), consistent with the higher prevalence of hypotension in this group (26.2% vs. 22.3%, $p = 0.007$). In adjusted analyses (odds ratio, 95% CI), sex was not associated with 7-day mortality 1.07 (0.70–1.64), 30-day mortality 1.07 (0.77–1.49), 30-day major bleeding 1.25 (0.91–1.72), or receipt of advanced therapy 1.16 (0.81–1.65).
Conclusion: Although baseline characteristics and PE severity differed by sex among patients triggering PERT activation, sex was not independently associated with mortality, bleeding or advanced therapy use.

534 | Erotic Asphyxia in the Social Media Era: Online Misinformation and Health Risks

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Background and Objectives: Social media platforms allow teens and young adults to discuss taboo subjects, including high-risk sexual behaviors. This study examines the prevalence, characteristics, and health risks of erotic asphyxia content on YouTube, with a focus on misinformation and lack of safety messaging.
Methods: This retrospective content analysis used YouTube's search engine to identify videos relating to erotic asphyxia during November 2025. Quantitative and qualitative variables included the number of views, participants, and methods used to induce hypoxia or anoxia. Viewers' comments were examined as an index of audience response. Content quality and reliability were evaluated with the global quality score (GQS) and the DISCERN tool. Safety suggestions and misinformation were characterized using three board-certified emergency physicians and policy statements from the American Academy of Pediatrics. Descriptive statistics, frequency tables, and Kappa scores for interrater reliability were calculated.
Results: Ninety-four videos met inclusion criteria: consensual (67.0%), nonconsensual (11.7%), and auto-erotic asphyxia (21.3%). Mean video length was 3.9 ± 2.6 min (range 1.5–25.1). Collectively, videos had 3.3 million views (mean 35,533 per video). Mean GQS and reliability scores were 2.3 ± 1.2 and 1.0 ± 1.2. Most video participants were female (63.8%), Caucasian (59.6%), and 20–25 years old (51.0%). Eleven choking techniques were depicted, including manual choking, ligature strangulation, breath holding, smothering, and chest compression. Only four videos (4.3%) included trigger warnings. Although most (77.7%) had some educational content, all lacked key safety information and 70.2% contained misinformation. Interrater reliability was substantial (Kappa = 0.79).
Conclusion: Erotic asphyxia content on YouTube is prevalent, highly viewed, and frequently low quality, with minimal warnings and substantial misinformation. These patterns raise important safety concerns for young viewers and highlight the need for stronger platform policies, accurate harm reduction messaging, and collaboration with medical and public health experts.