

5.13 Length of stay of patients with an indwelling chest drain

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Insertion of a chest drain is a common procedure for respiratory inpatients, as well as a respiratory consult service. In our institution, lack of comfort and experience with chest drains on outlier wards had anecdotally led to issues with drain management. Through retrospective review of National Quality Assurance & Improvement System data, patients from 2019 & 2020 were grouped both by their ward location and primary team as well as indication for drain insertion. Seventy-three patients were included (mean age 57 and 55 male). The indication for drain insertion in 30 patients was pneumothorax, with remaining 44 pleural effusion. Seventeen patients had a secondary diagnosis of malignancy. 40 patients were managed on a core respiratory ward, with 10/33 patients on outlier wards being under the care of the respiratory team. Overall LOS was 12.1 days, 8.2 days in the respiratory ward group and 18.3 in the outlier group. Pleural effusion patients had a longer mean LOS of 15.1 days. Overall, patients requiring pleural intervention on non-specialist respiratory wards had a significantly longer length of stay in hospital, highlighting the need for cohorting and specialist nursing support for the safe and cost effective management of this complex patient group.

Conflict of Interest: None to declare