

10.04 Are we ordering follow-up chest x-rays for community acquired pneumonia? A prospective audit examining the ordering of follow-up chest x-rays for patients admitted over the course of single week - St Lukes' Hospital Kilkenny

¹Robert Allan Murphy, ¹Brian Canavan, ¹Kenneth Bolger

¹ St. Lukes Hospital General Hospital, Co. Kilkenny

Background: Current guidelines state that a chest x-ray (CXR) demonstrating consolidation should be repeated at 6 weeks for those with persisting signs or symptoms and especially those at higher risk of malignancy¹. In practice, onus lies on the admitting team to organise follow-up of any patients with consolidation.

Methods: A one-week prospective audit of medical admissions was performed. Patients with CXR evidence of pneumonia were followed at an average interval of 28.3 days from date of admission to assess whether follow-up CXR had been requested. Recommendation by the radiologist on ordering follow-up, if present, was noted.

Results: 100 patients were admitted. 90 underwent a CXR. 16 reports mentioned consolidation or infective changes. Seven had follow-up booked by the hospital (43.75%), one was ordered by a GP (6.25%), one had repeat CXR owing to re-presentation (6.25%), two patients had computed tomography imaging of the thorax during admission (12.5%), one remained an inpatient (6.25%). Four patients had no follow-up CXR ordered(25%). Four reports referenced ordering follow-up imaging which occurred in all cases.

Conclusion: A significant proportion of patients didn't have follow-up imaging ordered (25%). We hope to reduce this rate with further education on clinical guidance and explicit recommendation in radiology reports.

Conflict of Interest: The authors declare that they have no conflict of interest.

References:

¹Lim WS, Baudouin SV, George RC, *et al* BTS guidelines for the management of community acquired pneumonia in adults: update 2009, *Thorax* 2009;**64**:iii1-iii55.