

12.02 THE IMPACT OF A CLINICAL GUIDELINE ON THE MANAGEMENT OF PLEURAL EMPYEMA AT A TERTIARY PAEDIATRIC CENTRE.

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BACKGROUND: Clinical Guidelines for management of pleural empyema in children were introduced in Children's Health Ireland (CHI) in 2014.¹ Our aim was to review the adherence to guidelines and its impact on the clinical course of patients. Of note an increased incidence of invasive *group A streptococcus* (iGAS) pleural empyema has been observed internationally since late 2022².

METHODS: Data was collected retrospectively for patients admitted to CHI with empyema between the 1st January and 30th June 2023, and compared with study data from prior to the introduction of the guideline between the 1st January 2005 and 31st December 2013. Data was collected regarding demographics (similar for both groups), logistics, microbiology, and management.

RESULTS: During the first 6 months of 2023, a total of 46 patients presented for management, compared to a total of 104 patients between 2005 and 2013. Time to transfer to CHI and mean (SD, Range) length of stay reduced to 2 (2.2,0-9) and 12 (6.4,2-37) from 5.4 (4.3,0-23) and 12.7 (7.8,1-59) days, respectively. Requirement for decortication reduced from 24% (n=25/104) to 10.8% (n=5/46).

CONCLUSIONS: Introduction of clinical guideline has improved timeliness in the management of pleural empyema. This resulted in decreased need for more invasive surgery despite a significant increase in cases.

KEYWORDS: Pleural Empyema, Paediatrics

DISCLOSURES: The authors declare they have no conflict of interest.

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