Results In 5 patients (4%), PE was confirmed after imaging. The mean age was 50 years with 68.5% female patients. The most common presenting complaint was chest pain followed by dyspnoea. In 59% of cases the Well's score was not documented. D-Dimer was checked in 94.5% of patients with unnecessary measurement in 11% of these. In 20% of patients who had radiological investigations for PE, D-dimer was negative. ECG and CXR were performed in most of cases with abnormal findings in 11% and 15% respectively. 77% of patients underwent CTPA, 21% had a V/Q scan, and 2% had V/Q scan followed by CTPA. The mean time to scan was 1.5 days with minimum of 1 day and maximum of 4 days. All confirmed PEs were identified by CTPA and were provoked by risk factors such as recent surgery, recent pregnancy, oral contraceptives, previous documented VTE. Domiciliary enoxoparin was administered in 89% of patients pending CTPA or VQ. All confirmed PEs were subsequently treated with warfarin. No complications occurred, including bleeding events, recurrent VTEs, readmissions for anticoagulation related events, or deaths related to PE.

Conclusions Our experience shows that selected patients with suspected PE can be safely managed as outpatients in our trust. Closer adherence to the pathway may prevent a number of unnecessary scans (i.e. PE can be safely excluded when Wells score low and D-Dimer negative without a scan). Our protocol and pathways are being updated to incorporate PESI criteria to safely identify ambulatory patients, and to use of rivaroxoban in preference to warfarin for confirmed PE.

REFERENCE

1 Ladwa RM, *et al*. *Thorax* 2011;**66**:A160

P273 A RETROSPECTIVE SERVICE EVALUATION OF A 2 YEAR COHORT, ATTENDING A NEW, DEDICATED PULMONARY EMBOLISM CLINIC

GR Courquin, RM Limbrey. *University Hospital Southampton NHS Foundation Trust, Southampton, UK*

10.1136/thoraxjnl-2015-207770.409

Introduction A service evaluation investigated the effect of follow-up in secondary care on the outcomes of patients who had suffered a Pulmonary Embolism (PE). Patients who attended the PE clinic received a tailored treatment plan specific to their PE event. Events were classified as provoked or unprovoked and their 2 year recurrence rates and complications assessed.

Method The 2012 cohort of 84 patients from a PE clinic was analysed retrospectively, allowing for a 2 year follow-up. Patients were classified as having sustained a provoked event if a transient provoking risk factor was identified, as per the European Society of Cardiology (ESC) 2014 guidelines.

Results Of the 84 patients (40 male, 44 female), 83 were available for follow-up at the 2 year mark. Fifty patients (59.5%) had a provoked event whilst 32 (38.1%) were unprovoked- 2 patients had inadequate history to assess. Patients with unprovoked events were investigated further to screen for an underlying malignancy. Three patients (9.38%) were diagnosed with malignancies within 6 months of their PE. Of the unprovoked, 26 underwent a thrombophilia screen with 4 (12.5%) testing positive. Of 83 patients followed to 2 years, 7 (8.4%) had a recurrence (median = 17 months). Two (2.4%) developed chronic thromboembolic pulmonary hypertension whilst 3 (3.6%) developed post-thrombotic syndrome.

Conclusion Compared to the ESC 2014 guidelines, recurrence rates and complications at 2 years are much lower. The classification of provoked and unprovoked events led to the diagnosis of unknown pathologies. Although only an initial study, this shows that secondary follow-up decreases adverse consequences.

Treatment options in cystic fibrosis

P274 MOVING FROM RESCUE TO PREVENTION: REAL WORLD EVIDENCE OF REDUCTION IN IV ANTIBIOTIC REQUIREMENT FOLLOWING IMPROVEMENT IN ADHERENCE TO MAINTENANCE NEBULISED TREATMENT IN AN ADULT CYSTIC FIBROSIS CENTRE

[1]ZH Hoo, [2]R Curley, [2]C Carolan, [2]C Hinchliffe, [2]M Hutchings, [1]MJ Campbell, [2]MJ Wildman. *[1]ScHARR, University of Sheffield, Sheffield, UK; [2]Adult CF Centre, Northern General Hospital, Sheffield, UK*

10.1136/thoraxjnl-2015-207770.410

Background Adherence to preventative nebulised therapy is associated with better health and lower costs for rescue treatment. However, adherence with nebulised treatment is generally poor and there is currently no systematic adherence intervention for people with CF. The Sheffield Adult CF centre has embarked on various pilot projects in this area, culminating in an NIHR programme grant awarded in 2014 to develop such a systematic adherence intervention. We hypothesised that the pilot projects would have improved the adherence levels and health outcomes among people with CF receiving care at the CF centre.

Objectives To determine overall change in nebuliser adherence and health outcomes among the cohort of people with CF in Sheffield from 2013 to 2014.

Methods Demographic data, spirometry, BMI, annual total intravenous antibiotics days and prescription details were obtained by reviewing patient notes. Adherence was measured with I-neb nebuliser and calculated as a percentage of the agreed regimen between clinicians and people with CF. People on ivacaftor or with previous lung transplantation were excluded from this analysis.

Abstract P274 Table 1

	2013 data (n = 166)	2014 data (n = 170)
People on I-neb (%)	92 (55%)	101 (59%)
People with ≥3 months of I-neb data (%)	83 (50%)	85 (50%)
Median % I-neb nebuliser adherence (IQR)	**40.5 (20.2–66.8)**	**49.5 (23.1–77.8)**
Median age in years (IQR)	25 (19–31)	26 (20–32)
Female (%)	75 (45%)	79 (46%)
Pancreatic insufficiency (%)	138 (83%)	136 (80%)
CF related diabetes (%)	38 (23%)	41 (24%)
Median % predicted FEV1 (IQR)	79 (56–95)	79 (56–93)
BMI (IQR)	22.0 (19.7–24.6)	22.7 (19.8–24.9)
Median IV days (IQR)	14 (0–41)	14 (0–28)
Total IV days	**3970**	**3313**