

Abstract P14 Table 1

Quality Marker	2008–2009		2009–2010		2010–2011	
	Mean	SD	Mean	SD	Mean	SD
Oxygenation Assessment	96.6	3.8	98.3	2.1	99.3	0.9
Guideline Compliant Initial Antibiotic Selection for CAP	80.5	14.5	85.6	12.0	90.6	9.5
Blood cultures performed prior to initial antibiotic	58.5	21.9	68.7	17.5	80.3	11.5
Initial Antibiotic Received Within 6 Hours of Arrival	64.0	13.2	69.2	9.0	76.3	7.0
Adult Smoking Cessation Advice/Counselling	35.4	17.5	52.4	19.6	55.0	19.8
Composite Process Score	76.1	8.4	81.3	5.1	85.7	4.0

compliance for each variable for each Trust, together with standard deviation as a measure of variability across hospital sites, are presented in the Table for each cohort.

Initial compliance was worst for administration of smoking cessation advice and best for oxygenation assessment. While variability between hospitals was least for oxygenation it was greatest for the performance of blood cultures prior to antibiotic administration. Over the 3 cohorts overall compliance with QM assessment steadily improved for all QMs and variability between Trusts declined for all but smoking cessation advice.

Conclusions The Advancing Quality Programme has resulted in improved quality of pneumonia care as assessed by both the improvement in overall compliance and the reduction in inter-hospital variability.

P15 HOW IMPORTANT ARE BLOOD CULTURES IN THE MANAGEMENT OF PATIENTS SUSPECTED TO HAVE COMMUNITY ACQUIRED PNEUMONIA?

doi:10.1136/thoraxjnl-2012-202678.156

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Background It is acknowledged in the BTS guidelines that the routine use of blood cultures in community acquired pneumonia (CAP) has been questioned on the grounds of cost, low sensitivity and lack of impact on antimicrobial management.¹ In October 2011 the hospital policy for severe CAP (CURB 65 \geq 3) at our trust changed to benzylpenicillin and clarithromycin. This combination is associated with decreased rates of *clostridium difficile*, however it has weak cover against *Haemophilus influenzae* and none against gramme negative bacilli.

Aim To determine the positive yield from blood cultures in patients suspected as having CAP at presentation to hospital, their impact on management and, in particular, the outcomes associated with Gram negative bacteraemia.

Method Patients were prospectively identified at a large University Hospital in whom CAP was suspected as their admitting diagnosis between November 2011 and January 2012. The patient demographics and outcomes were analysed at admission and revisited at 7 and 30 days.

Results 151 patients were identified for inclusion. Age range was 22–97, median 75. The CXR was reported as showing infiltrates in

93/148 cases (62.8%). Blood cultures were sent in 41/88 patients (46.5%) with CURB score \geq 2 and 21/37 patients (56.8%) with CURB score \geq 3. There were 10 positive blood cultures (representing 14.5% of all blood cultures sent). 6 were positive for *streptococcus pneumoniae* and 4 yielding *E. Coli* or *Klebsiella* suggesting an alternative source of infection. There were no cases of severe CAP due to *Haemophilus influenzae*. 60/151 patients had a change in their antibiotics; 11 as a result of poor clinical progress, 11 due to positive microbiology results, 38 due to a new diagnosis or no evidence of infection.

Conclusion Blood cultures can be of increased importance in the investigation of CAP when used in combination with a narrower spectrum of antibiotics, particularly when checking for the possibility of occult gram negative sepsis.

References

1. Lim WS et al. Pneumonia Guidelines Committee of the BTS Standards of Care Committee. BTS guidelines for the management of community acquired pneumonia in adults: update 2009. *Thorax*. 2009.Oct; 64 Suppl 3:iii 1–55.

P16 AN INVESTIGATION INTO 'DO NOT RESUSCITATE ORDERS' IN ADULTS ADMITTED FOR PNEUMONIA

doi:10.1136/thoraxjnl-2012-202678.157

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The NHS Outcomes framework classes respiratory deaths in those aged under 75 as potentially avoidable. In practise the level of care available is often limited in those who are unlikely to benefit from invasive interventions which may limit death 'avoidability'. We sought the frequency of such limitations by investigation of the use of 'Do not actively resuscitate' (DNAR) orders in adults with pneumonia.

Adult admissions for pneumonia (ICD10 J12-J18) to one NHS Trust between 01/01/2012 and 31/05/2012 were retrospectively identified. Case details were gleaned from the case records.

293 cases were found of which 81 (28%) died. After exclusions (no radiographic pneumonia (12), no radiograph within 24 hours (1) and no radiograph (1)), 67 deaths remained. From these, 20 case notes were obtained and compared with the 40 subsequent surviving admissions. DNAR orders were present in 18 (30%) cases. 11 DNAR orders were recorded within 48 hours of admission, 2 within the next 48 hours and 5 in the following 5 days. They were more

Abstract P15 Table 1 Outcomes amongst patients with Gram-negative bacteraemia

Age	CURB-65 score	CXR infiltrates?	Organism	New diagnosis	New antibiotic	Outcome
87	3	No	E.Coli	Urosepsis	Tazozin	Discharged after 23 days
85	Not recorded	No	E.Coli	Urovs intra abdominal sepsis	Tazozin + Ciprofloxacin	Discharged after 4 days
75	1	Yes	E.Coli	Biliary sepsis	Tazozin + Gentamycin	Discharged after 13 days
83	3	No	Klebsiella	Not specified; CXR NAD	Tazozin	Discharged after 6 days