appropriate information leaflet. A CXR to confirm resolution of the pneumothorax could be done when the patient returns to clinic for their biopsy results.

References

ACUTE RESPIRATORY ASSESSMENT SERVICE (ARAS): A NEW NURSE-LED SERVICE MANAGING PATIENTS WITH ACUTE RESPIRATORY CONDITIONS IN SECONDARY AND PRIMARY CARE

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Background Acute respiratory disorders are a huge burden to acute medical services in any healthcare system. Our institution has two large teaching hospitals providing care to a population of over 600,000 people; a mixture of inner city and rural areas.

Aim A retrospective review of outcomes of a new nurse-led specialist respiratory assessment service supported by respiratory consultants for the management of acutely unwell respiratory patients.

Methods We developed the ARAS team consisting of 3 specialist respiratory nurses supervised by 2 consultant respiratory physicians. The ARAS team reviewed all acute respiratory admissions, twice daily, to the acute medical specialist unit. They assessed inpatients on medical wards and intensive care, and provided early support for referrals to the acute respiratory specialist unit. The ARAS team reviewed all acute respiratory admissions, twice daily, to the acute medical specialist unit. They assessed inpatients on medical wards and intensive care, and provided early support for referrals to the acute respiratory specialist unit.

Results Over 9 months (November 2010 to July 2011), a total of 813 patients were managed through ARAS; 446 (54.9%) COPD, 77 (9.5%) asthma, 111 (13.7%) pneumonia, 90 (11.1%) lower respiratory tract infection (LRTI), and 89 (10.9%) with other respiratory conditions. More than half (52.4%) of the patients admitted were discharged within 96 hours. There were 254 (31.2%) patients who had supported discharges, of which 153 (60.2%) were discharged within 96 hours. Early supported discharges (<96 hours) were mainly for patients with COPD (124 (81.0%) and asthma (25 (15.0%)). The 30-day readmissions were 122 (15% of total), of which 10.2% and <1% of all ARAS-reviewed patients had COPD and asthma, respectively.

Conclusion A dedicated specialist service provides high standard of care for patients with acute respiratory disorders and a link between the acute hospital and community services resulting in a reduced length of hospital stay with reasonably low re-admission rates in an area in the UK with high prevalence of respiratory disorders.