that PE is associated with abnormal concentrations of many proteins involved in inflammation and vascular injury, yet there is inadequate data describing the difference in these proteins from infective processes.

Aims We aimed to determine whether there is a difference in inflammatory markers between acute PE and community acquired pneumonia (CAP) or acute lower respiratory infection (LRTI). We excluded all cases with incidental, chronic or previous PE.

Methods A random sample of emergency departments (ED) and patients evaluated for acute PE at our institution (January 2013–December 2013) were retrospectively evaluated for D-dimer, C-reactive protein (CRP) and serum white cell (WCC) levels. PE was diagnosed by a positive CTPA in all cases. Inflammatory markers in confirmed PE cases were compared and matched with those of community acquired pneumonia (CAP) and acute lower respiratory infection (LRTI). Results A total of 295 patients were included (mean age 67.7 ± 18.45 yrs; 159 males), of which 167 (56.6%) had PE, 58 (19.7%) had CAP, 63 (21.4%) LRTI and seven (2.4%) had incidental, chronic or previous PE.

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Conclusions In patients suspected of acute PE, unlike D-dimer, NTproBNP and Δ6MWD were significantly higher in PE than CAP or ARTI (p = 0.000). In the second CMR scan. Due to the interaction between cardiac MRI values, only univariate survival analysis was performed.

Results NTproBNP correlates more closely with ΔRVF, ΔRVEDVI, ΔRVESVI than 6MWD (table1). Both NTproBNP and Δ6MWD predicted survival [HR 1.001 95% CI 1.001–1.002 p < 0.0001] in the clinic setting. Both NTproBNP and Δ6MWD predict survival in PH.

REFERENCES
2 Blyth KG, Greening BA, Mark PB, Martin TN, Foster JE, Steedman T, et al. NT-proBNP can be used to detect right ventricular systolic dysfunction in pulmonary hypertension. European Respiratory Journal. 2007;29(4):731–44

Abstract P164 Table 1 Pearson correlations for ΔNTproBNP and ΔΔMWD with indices of RV function. Abbreviations: right ventricular ejection fraction RVF; right ventricular end diastolic volume index RVESVI; stroke volume index SVI.

<table>
<thead>
<tr>
<th>RV variable</th>
<th>ΔNTproBNP Correlation coefficient P value</th>
<th>ΔΔMWD Correlation coefficient P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RVF</td>
<td>-0.517 -0.0001 0.277 0.002</td>
<td></td>
</tr>
<tr>
<td>RVEDVI</td>
<td>0.517 -0.0001 0.093 NS</td>
<td></td>
</tr>
<tr>
<td>RVESVI</td>
<td>0.664 -0.0001 0.234 0.01</td>
<td></td>
</tr>
<tr>
<td>ΔSVI</td>
<td>-0.407 -0.0001 0.367 -0.0001</td>
<td></td>
</tr>
</tbody>
</table>

P165 AMBULATORY MANAGEMENT OF SUSPECTED PULMONARY EMBOLISM AT A DISTRICT GENERAL HOSPITAL: A 2 YEAR REVIEW
A Griffiths, Royal Glamorgan Hospital, Llantrisant, UK
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Background Studies have suggested that outpatient (OP) management of suspected pulmonary embolism (PE) is feasible. At our DGH (popn 289400) in 2012 we found that over a 2 month period most suspected PE patients (suitable for ambulatory care) were being identified resulting in significant (17 nights) bed savings.

The aims of repeating our study were:
1) to ascertain the proportion of patients who had a CTPA that were managed as OP and subsequent nights saved 2) to identify any further patients that could have been managed as OP and potential nights saved 3) a comparison with 2012.

Methods RADIS was used to collect all CTPAs performed between 1st Jan 2014 and 28th February 2014. Inclusion criteria: Ambulatory, normal heart rate, respiratory rate, blood pressure and oxygen saturations, any patient who was managed as an OP. Simplified PESI Score <1. Exclusion criteria: Pre-existing in-patients that had a CTPA ordered where the primary admission (and in-patient stay) was not for suspected PE, patients who had their CTPA on the same day of discharge, OP CTPA where waiting time was >2 weeks, sPESI Score >1, clinical concern.

Results For the above period 102 CTPAs were performed (105 in 2012). Average time from request to CTPA was 4.7 h (0.5–24 h, 4.1 hrs in 2012) Figure 1 shows the excluded patients. Only 38 cases were included; all were female, average age 47 years (23–66 years). All had a sPESI score.