REFERENCE

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P123 DON'T FORGET YOUR PE KIT – IMPROVING THROMBOLYSIS DECISION MAKING IN A DISTRICT GENERAL HOSPITAL (DGH)

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Introduction Multiple patients with massive/submassive pulmonary emboli (PE) were admitted in a short timeframe to a DGH. Inconsistency in management was noted, prompting discussion surrounding thrombolysis decisions.

Methods All PE-related admissions to the Cardiac Monitoring Unit (CMU) between 2016–2020 were reviewed. Thrombolysis decision, relevant test results and outcomes were recorded and their concordance to local and national recommendations and guidelines were analysed.

Junior doctors were surveyed. Confidence in PE management was assessed, they were asked to select the appropriate management option for 5 clinical scenarios and if a 'bundle' would aid decision-making.

Results 57 patients were admitted over 4 years. 14 had a massive PE and 33 patients had a submassive PE. Of these, 12 (85.7%) and 17 (51.5%) were thrombolysed respectively. Departmental echocardiograms were organised within 24 hours in 74% and follow-up echocardiograms performed in 54%. The pooled mortality at 1 year was 21% with no significant difference between those thrombolysed and those not.

The survey, to which 22 junior doctors responded, demonstrated that 73% described themselves as 'very' or 'fairly' confident in managing massive/submassive PE. There was disparity in case management with the polar options of 'thrombolysis' and 'subcutaneous anticoagulation' being chosen at least once in each scenario.

All respondents supported a bundle. A consent form, information sheet and decision-making flowchart were created with stakeholder input and published locally.

Conclusion We show mostly guideline-concordant practice with the exception of echocardiogram follow up. Variability in opinion amongst juniors, despite perceived confidence, was observed. Bundle creation with respondent and consultant input standardises management and prompts escalation to seniors early to negate overconfidence in complex situations.

P124 IMPROVING SAFE SEDATION PRACTICES IN BRONCHOSCOPY AT A DISTRICT GENERAL HOSPITAL

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Introduction Procedural sedation and analgesia (PSA) practice varies, with minimal standardisation in bronchoscopy. The British Thoracic Society published Quality Standards in 2014 to ensure high standards of care for all patients undergoing bronchoscopy.

Aims

- Identify areas for improvement in PSA
- Increase PSA awareness amongst bronchoscopists
- Improve use of safe recommended doses of sedation agents
- Improve clarity of documentation

Methodology We performed a retrospective review of 113 bronchoscopy and 59 endobronchial ultrasound (EBUS) reports (September 2019–September 2020). May 2020 was excluded due to COVID19.

Three interventions were implemented:

1. Virtual local departmental teaching to raise awareness of safe PSA.
2. Implementation of a bronchoscopy-suite poster detailing local anaesthetic (LA) dose conversions.

Abstract P124 Figure 1 Correct documentation of LA agents