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| **Follow up of an Outpatient PE Pathway Audit** |
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| **Introduction/Aim:** An audit of PE management in 2021 identified that potentially 23% of patients were a missed discharge from ED and that concurrent DVT was a provoking factor.1 We audited PE presentations since the implementation of a dedicated outpatient PE pathway (“the pathway”) at our centre, using sPESI and biomarkers as the foundation.2**Methods:** Consecutive PE presentations at our Emergency Dept from 1/7/22 to 1/9/23 were assessed. PE Outpatient pathway started 1/2/23 (census date). Pre and post age, gender, disposition, PE aetiology and follow-up were reviewed.**Results:** A total of 142 patients were available for comparison, 60 pre and 82 patients post. Mean age (years) pre and post census was 57.9 (SD 22) and 60.6yo (SD 18). 63.3% and 50% of patients were female (p > 0.05). ED discharge rates remained similar (28.3% vs 26.8%, p = 0.843) and representations within 30 days was not statistically different (6.7% vs 12.2% p = 0.275). Concurrent DVT was no longer a barrier to discharge (p = 0.997) during this audit period. Only 3 cases (2.8%) were inappropriately admitted – all to private facilities. Rates of provoked PE, post-surgical PE, concurrent DVT, COVID related PE, pregnancy associated PE and death were all similar pre and post census. There was a significant increase in cancer associated thrombosis (CAT) from 8.3% to 26.8% p = 0.006). Overall, Respiratory follow up was arranged in 50% of cases. Utilisation of The Pathway was associated with increased likelihood of respiratory follow up 87.5% vs 40.9% p <0.001). CAT was associated with reduced Respiratory follow up (33.3% vs 66.7% p = 0.01).**Conclusion:** Formal implementation of a pathway improves likelihood of respiratory follow up and is not associated with increased representations. An increased proportion of CAT influenced rates of Respiratory Follow Up and utilisation of the pathway. **Grant Support:** Nil**References:**1: Knowlman T, Carroll R. Barriers to outpatient management of pulmonary embolism. Eur Respir J 2022: 60: Suppl, 66, 1792.2: Howard LS et al. British Thoracic Society Guideline for initial outpatient management of pulmonary embolism. BMJ Open Respiratory Research 2018; 5:e000281**Key Words:**Pulmonary Embolism, Outpatient, sPESI, Follow up |