|  |
| --- |
| **High mortality despite adequate treatment: Pulmonary embolism in a regional Queensland Hospital** |
| Saponara, Anthony1,2; Fleming, Monique |
| *1University of Queensland, 2Queensland Health* |
| **Introduction/Aim:** 1 year mortality rates after PE have been reported as 17 - 25%. There is a paucity of data in the regional centres surrounding diagnosis and management of PE currently. We investigated the high mortality rate after PE at Caboolture Hospital to establish the status and severity at diagnosis and whether treatment was in keeping with standards of care. Furthermore, we analysed the discharge summaries to see if they captured the gravity of such a portent. **Methods:** Data was collected using The Viewer application. Case identification was through Health Information Services using ICD codes in primary or secondary diagnosis over 2022. Qualitative data was collected in the form of discharge summary diagnosis and were direct quotations.**Results:** 185 patients were identified with PE with an average length of stay of 5.7 (+/-1.0) days. Average age was 70 years old. Average time to investigation from admission was 1.58 (+/-1.6) days with 68% on Day0. All cause mortality within one year of admission was 24% and was highly associated with having a diagnosis of active malignancy OR 18 (95%CI 41.2, 7.84). Systemic thrombolysis occurred in 4 cases. Initial management consisted mainly of Enoxaparin 35%. Odds ratio of heparin use in Low severity PE was 0.19 (95%CI 0.48, 0.07). 26% had no hospital follow up booked. Communication surrounding PE and severity was poor. Only 2 discharge summaries used terms of severity: “intermediate risk” and “submassive”. Few summaries focused on provoking/perpetuating factors**Conclusion:** There was a high association with malignancy with no discrimination to severity. Initial management seemed to favour the use of unfractionated heparin in those who were not low risk. The majority of admissions were low risk PEs with an overall below average length of stay. Poor communication to other providers may impact on overall patient care. **Grant Support:** None |