

Arrange follow-up Chest X-ray in 6-8 weeks time in patients of Community Acquired Pneumonia at the time of discharge

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Introduction: Pneumonia is a common and potentially deadly condition, historically caused by *Streptococcus pneumoniae*. Diagnosis is based on clinical signs like cough and chest pain, confirmed by chest xray. Lung cancer shares symptoms with pneumonia, requiring careful monitoring. Management includes rest, fluid intake, and antibiotics based on severity. Symptoms should improve over weeks to months, with follow-up x-rays recommended for high-risk individuals.

Aims, Objective and methodology: The Audit objective was to evaluate compliance with the British Thoracic Society guidelines regarding follow-up chest X-rays for adults with Community Acquired Pneumonia (CAP). The aim was to reduce the follow-up X-ray period to 6-8 weeks by scheduling it at discharge. By comparing hospital procedures to NICE guidelines, the audit sought to introduce enhancements. The guidelines suggest a chest radiograph within 6 weeks for adults with CAP who are at a higher risk of malignancy (age over 50, smokers). A retrospective cross-sectional audit was carried out in two phases for patients at the acute medical unit in Scunthorpe General Hospital. One of the challenges faced was the absence of baseline data. The first phase concentrated on adherence to follow-up X-rays post an educational initiative, with initial poor compliance triggering a baseline assessment at 6-8 weeks. The second phase replicated the same procedure for a larger patient cohort and involved scheduling follow-up X-rays for those missed at discharge.

Results: The audit loop looked back at instances of Community Acquired Pneumonia (CAP) between October 2023 and December 2024. Initially, only 27% of patients adhered to NICE guidelines for follow-up chest imaging, which could have delayed lung cancer diagnoses. However, compliance increased to 75% in the next phase due to educational programs. The study noted that descriptions on chest imaging reports may be vague, emphasising the importance of clear statements for follow-up decisions. Educational activities such as discussions, posters, and awareness campaigns contributed to the enhanced compliance observed in the subsequent phase.

Conclusion: Junior doctors encounter various challenges such as unclear reporting phrases, weekend scheduling conflicts, and the possibility of overlooking diagnoses. To enhance the discharge process, suggestions include providing precise reports, scheduling investigations on Fridays, and preparing detailed discharge summaries ahead of time.

Biography

Aiman Balouch has achieved her MBBS degree from the Institute of Medical Sciences at Khyber Medical University in Kohat, Pakistan. She obtained her General Medical Council (GMC) license in December 2022. Currently, she holds a position as a Trust Grade Senior House Officer (nontraining) at Scunthorpe General Hospital in the United Kingdom, with the goal of progressing in the field of Radiology. Aiman has authored one paper in a reputable journal, and her second article is currently in the process of publication. She is actively seeking opportunities to establish and grow her career.

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