Audit to Assess the follow up of Community Acquired Pneumonia with Chest Radiographs.
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BTS Guidelines 2009:
“A chest radiograph should be arranged after about 6 weeks for all those patients who have persistence of symptoms or physical signs or who are at higher risk of underlying malignancy (especially smokers and those aged >50 years) whether or not they have been admitted to hospital”

It was thought that these guidelines were not being followed in our hospital.

Method: Day lists were pulled up on CRIS for October 2014 inclusion criteria were; patients from A&E, GP, OP, MAU, ≥18. Excluded patients; inpatients and <18 years. It was assumed that all patients over the age of 50 were smokers or at high risk of underlying malignancy. Data was collected by RR and CC.
• 6539 CXR’s were reviewed, 253 CXR demonstrated consolidation

Was appropriate follow up advice given?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Deceased (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>80</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>&gt;50</td>
<td>57</td>
<td>43</td>
<td>0</td>
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</tbody>
</table>

In the 18-49 age group
• 20% (9/46) of patients DID have appropriate advice ie only repeat CXR if symptoms persist.
• 80% (37/46) of patients DID NOT have the appropriate advice on CXR: 43% had no advice and 37% advised repeat CXR following course of antibiotics.

In the > 50 age group
• 43% (90/207) DID have appropriate advice ie repeat CXR in 6 weeks following appropriate antibiotic treatment.
• 57% (117/207) DID NOT have appropriate advice ie no advice on the report.

Were follow up radiographs performed?

<table>
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<th>Deceased (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>78</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>&gt;50</td>
<td>69</td>
<td>31</td>
<td>15</td>
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In the 18-49 age group
• 22% (10/46) were followed up: 8 following advice on the report, 2 due to persistent symptoms.
• 78% (36/46) were not followed up.

In the > 50 age group
• 15% (31/207) were followed up: 10% due to advice on initial report, 5% had no advice on report but follow up was performed
• 69% (142/207) had no FU CXR: 60 of which had FU advice on CXR report.
• 16% (34/207) deceased before follow up was able to be performed.

Discussion: In our institution the BTS guidelines were not being followed. This audit identifies that both radiologists and clinicians need to be made aware of the current guidelines for follow up CXR dependent on age and risk factors so that appropriate follow up can occur. One possibility to improve follow up would be by automatic triggering of follow up CXR by the radiology department which is under discussion.