

Audit presentation: Are follow up chest x rays being performed. According to bits guidelines on adults diagnosed radiologically with community acquired pneumonia

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Abstract

Introduction: The aim of this audit was to evaluate whether follow-up chest x-rays were performed on adults diagnosed with Community Acquired Pneumonia (CAP) radiologically, according to British Thoracic Society national guidelines and compare with results from previous audit

Background: Lung cancer is the second most prevalent cancer in both men and women. Late presentation is common and therefore the mortality associated with the disease is significant, accounting for 1 in 5 deaths from cancer. Unfortunately, many of the symptoms of pneumonia are also found in patients diagnosed with lung cancer.

Patients who have lung cancer are also more susceptible to superadded infection. As infective radiological changes may mask an underlying undetected malignancy, follow-up x-ray should be performed within 6 weeks to ensure resolution of radiographic opacities, as would be anticipated in pneumonia

Methodology: To retrospectively identify 50 cases of radiologically diagnosed CAP in adults of a busy city hospital and to quantify the number of these who went on to have a 6 week follow-up chest X-ray as per national guidelines.

Inclusion Criteria: 1. Adults >18 years of age 2. Diagnosed with CAP on final radiology report of chest X ray – consolidation/pacification consistent with infection 3. If patients had undergone any other form of chest imaging such as a CT scan within the 6 week time frame, they were deemed to have fulfilled the audit standard

Exclusion Criteria: Known primary lung cancer or metastatic lung tumors. Issues identified through this audit:

Discrepancies among radiology and medicine departments:

- Sometimes follow up arranged by radiology and sometimes left at clinician's judgment.
- No documentation by medical team whether follows up required or not
- No communication with patient/Patient not informed about the follow up arrangements
- Lack of understanding by patient regarding importance of follow up imaging and hence failure to attend

Suggestions:

- Document clearly before discharge whether follow up imaging required or not and also mention on discharge letter
- Inform radiology department to arrange follow up imaging as they send letter and call patients. OR Tell the patient to call radiology department 6 weeks from discharge and schedule an appointment for follow up imaging.
- Explain the importance of follow up imaging to the patient and inform them why it is required.



Biography:

Shitanshu Kalani working in East Lancashire NHS Hospital and his interests from the fields of methodology, radiology, Lung cancer, imaging and lung tumors

Speaker Publications:

- “Cutaneous mucormycosis.”

[2nd Global Meeting on Oncology and Radiology;](#) Webinar- December 10th, 2020

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