Introduction of an Ambulatory Emergency Care bundle for Pulmonary Embolism at Nobles Hospital

L. H. H. Chong, C. Molugu
Acute Medical Unit, Nobles Hospital Strang Douglas, IM4 4RJ, Isle of Man

INTRODUCTION

• A meta-analysis has suggested that outpatient management of selected low risk patients with suspected Pulmonary Embolism (PE) is safe.
• We introduced an ambulatory emergency care (AEC) bundle for such patients where they were risk stratified to prevent unnecessary admissions and underwent timely outpatient radiological investigations with subsequent review.
• We sought to evaluate the impact of this pilot pathway on bed utilisation in Nobles Hospital, which serves a population of 90,000 on the Isle of Man.

AIMS AND METHODS

• A retrospective analysis over eight weeks from May 2017 to June 2017 was performed.
• Risk stratification to assess suitability for ambulatory care was performed using two level Well's score and simplified Pulmonary Embolism Severity Score (sPESI).
• The AEC bundle was initiated for patients with sPESI score of 0 and a normal troponin level.
• The exclusion criteria was as follows: acute medical issues requiring inpatient care, active bleeding or high risk for a major haemorrhage, pregnancy or chest pain requiring opiates.

RESULTS

• 17 patients were investigated for suspected PE over 8 weeks (76% women and 24% men) and all were managed on the AEC bundle.
• The mean age was 46 (range 20-80) years.
• The median interval from presentation to imaging was 1.8 (range 0-4) days.
• One patient was admitted after a saddle embolus was found on the scan.
• No immediate adverse events were reported.

CONCLUSIONS

• This project has resulted in 94 bed days saved.
• This has important implications for a small general hospital such as ours as resources can be prioritised for more acutely unwell patient.
• National guidelines are required to streamline care for such patients.
• We plan to expand our service to allow ambulation of conditions such as anaemia and atrial fibrillation.