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A re-audit of chest X-rays in patients presenting with neutropenic sepsis in a DGH A&E

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Introduction: Neutropenic sepsis is a potentially fatal complication of anticancer treatment. Mortality rates ranging between 2% and 21% have been reported in adults (Herbst C, et al., (2009). NICE guidelines (CG151) state that chest X-rays are not to be routinely requested for neutropenic sepsis patient unless it is clinically indicated. The institutional audit, from 2014, showed 93.3% of patients with neutropenic sepsis had chest X-rays.

Aim: Identify all cases of neutropenic sepsis presenting in A&E at Peterborough City Hospital during February - April 2015, and determine whether routine chest X-rays are appropriately indicated.

Method: 17 potential cases of neutropenic sepsis were retrospectively analyzed using the neutropenic sepsis database. 7 sets of patients' notes were selected for analysis based on the presence of thoracic symptoms, known thoracic pathology on admission or changes found on chest X-rays.

Analysis: 7/17 patients were male (41.1%) and 10/17 were female (58.9%). The mean age of men was 63.2 years; the mean age of women was 59.8 years. 2 patients did not have neutropenic sepsis and therefore excluded.

Results: 15 patients had chest X-rays (88.2%). 2 patients had appropriate clinical indications. 82.3% of chest X-rays were done within 24 hours of admission. In most cases, chest X-ray did not change the management.

Discussion: Recommendations were to make medical staff aware of current trust protocols and NICE guidance on neutropenic sepsis; disseminate the results of the audit to the A&E and acute medical wards; liaise with the Radiology department to change the request criteria.

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