

Improving discharge advice given to patients with spontaneous pneumothorax in accordance with British Thoracic Society (BTS) guidelines

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Background

The BTS has published clinical standards for management of spontaneous pneumothorax (PTX). The BTS standards are that there must be documented evidence that discharge advice is given to patients with the premise of facilitating safe discharge; however, this does not always happen. The Queen Alexandra Hospital (QAH), like many others, is a busy hospital with a large catchment area. The emergency department sees 130,000 people per year, meaning that spontaneous PTX contributes a portion to the workload of emergency and respiratory clinicians.

Aims

- > To review the documented discharge advice given to patients with a diagnosis of spontaneous PTX.
- > To ensure that all patients with a spontaneous PTX receive standardised discharge advice.

Methods

Patients with a confirmed diagnosis of spontaneous PTX (16 years and over) were considered for inclusion over a 6-month period. Patient notes, electronic records and clinic letters were reviewed to identify documented evidence of each discharge advice criterion given to patients in the clinical settings of: i) respiratory wards; ii) respiratory outpatient clinics; iii) emergency department (ED); iv) medical assessment unit (MAU). These results were then uploaded onto a template to compare against BTS standards.

Results

34 patients were included in this project. 75% of patients discharged from ED were handed written discharge advice. Only 44% of patients received discharge advice from respiratory clinic and 27% received advice from ward encounters.

Only 38% of patients that were discharged were advised to seek medical attention if breathlessness developed; 38% to

avoid air travel until after resolution of their PTX; 55% of patients were advised to avoid diving.

Conclusions

Discharge advice given to patients in clinic or ward locations appears to be inadequate in comparison to ED. Possible reasons for this include:

- > a pragmatic approach adopted by clinicians when counselling patients
- > limited awareness among junior doctors and nurses of BTS discharge guidelines
- > lack of standardised discharge advice for patients.

From our findings, we questioned exactly how much patients truly understood of their diagnosis – and the potential consequences of not receiving discharge advice.

Action

Implementation of a PTX information leaflet:

- > improve patient awareness of their diagnosis
- > provide patients with standardised written discharge advice to facilitate safe discharge
- > leaflet situated in key areas: respiratory clinics, respiratory wards and MAU.

Educating junior doctors and respiratory nurses re appropriate discharge advice:

- > dedicated teaching slot timetabled into educational commitments
- > empower them to take responsibility to provide up-to-date advice for ward patients.

We are currently in the process of reauditing following these implementations. ■

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