

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 4120

**Publication Number:** P2508

**Abstract Group:** 10.1. Respiratory Infections

**Keyword 1:** Pneumonia **Keyword 2:** Infections **Keyword 3:** Inflammation

**Title:** Risk factors in readmission of patients with community-acquired pneumonia discharged from the emergency department

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**Body:** Correct management of community-acquired pneumonia (CAP) in Emergency Department (ED) is essential in outcome. Objective: To determine factors associated with worse outcome in discharged CAP patients from ED and readmission. Material and Methods Retrospective study. 210 patients included. September/10-January/12. Variables included: clinical characteristics, comorbidities, vaccination, antibiotic therapy before admission and at discharge, causes of readmission. Statistical analysis: SPSS19. Results: Mean age 52 yrs. 54% women. 26% were vaccinated with flu vaccine and 16.7% pneumococcal vaccine. 22.4% had received previous antibiotic (47%amoxi-clavulanate). 62% were no tested for Legionella and pneumococcal urinary antigen. At discharge, 67% patients received levofloxacin, 10% moxifloxacin, 13% amoxi-clavulanate and 7% amoxicillin-clavulanate plus azithromycin. 5.7% of patients were readmitted, showing statistically significance in: lower pO<sub>2</sub> 57.4(p=0.01), higher GPT 97(p=0.03), higher HCO<sub>3</sub> 28(p=0.04), heart rate higher than 78.5(p=0.00), respiratory rate 20.2 (p=0.02), multilobar CAP 33.3%(p=0.04), 91.7% were classified in Fine1-3(p=0.04). Patients that remained under observation 24 hours after diagnosis, were statistically significance in: age(p=0.09), Charlson index(p=0.00), urea(p=0.03), pO<sub>2</sub>(p=0.02), respiratory rate(p=0.01), T<sup>q</sup>(p=0.03), S<sub>O</sub><sub>2</sub>(p=0.00), gender(p=0.03), alcohol intake(p=0.00), coronary disease(p=0.01), renal disease(p=0.04), Fine 3-4(p=0.00), CURB<sub>65</sub>1-2(p=0.01). Conclusions: -Low SatO<sub>2</sub>, high levels of GPT, high heart and respiratory rates, multilobar CAP Fine 1-3 are risk factors to readmission. -Patients under observation had higher Charlson and Fine3-4.