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Title: One year's experience of mobile bedside chest ultrasound service for pleural diseases in a district general hospital

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Body: Introduction/Objectives The role of chest ultrasound for the management of pleural diseases has evolved rapidly over the last few years. The National Patient Safety Agency's rapid response report and the latest British Thoracic Society guidelines have recommended the use of chest ultrasound prior to intervention in pleural effusion. We describe our experience with using mobile bedside chest ultrasound including complication rates, impact on waiting time and length of hospital stay. Method Prospective data from all patients receiving mobile chest ultrasound over a 12 month period in 2011 was collected. Scans were performed by an acute medicine physician and respiratory registrars with level 1 competency in chest ultrasound as classified by the Royal College of Radiology. Case notes, coding and radiology data were assessed, and comparisons made to waiting time and length of hospital stay for those receiving chest ultrasound in the radiology department Results Overall 126 scans were evaluated with 123 performed the same day as requested and 3 the next day. Of those, 24 were followed by chest drain insertion, 56 by pleural aspiration and 46 with no intervention. Two patients had small pneumothoraces post aspiration (3.8%) whilst 1 chest drain insertion and 2 pleural aspirations failed. Average hospital stay was 13.3 days compared to 18.6 days for those having scans in the radiology department An average time of 21 minutes which included scanning duration, collecting and returning the device was documented in 71 patients. Conclusion Mobile bedside chest ultrasound when performed by level 1 competent physicians appears to be safe and considerably reduces length of hospital stay.