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Abstract (publication only)

**Management of infective endocarditis: An innovative multidisciplinary pathway to manage a complex disease - Clinical experience from a Lancashire cardiac centre**

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Infective endocarditis (IE) is a complex disease with poor prognosis and high mortality. Cardiologists, cardiac surgeons and the microbiologists from Lancashire Cardiac Centre collaborated and reviewed the practical limitations of identification and referral of IE and the available guidelines to set up an IE care-pathway (Endocarditis Pathway-EP). We present data and clinical experience from the use of EP over a 12-month pilot. Methods: Analysis of database (55 patients). Patients with suspected IE are e-logged (intranet based registration of patients on EP) and paper copy is added to the notes and completed during patients' hospital stay. Results: Mean age: 58 y; 67% Males; Mean weight 72 kg; 95% Caucasian. Forty patients had an initial diagnosis by echocardiogram of IE (transthoracic: 38; transesophageal: 14); 62% (34/55) with left-sided IE; 4% (2/55) right-sided and 7%(4/55) both sided IE; indeterminate 20% (11/55). Valve involvement: aortic 18; mitral 9; aortic+mitral 7; mitral+tricuspid 4; tricuspid 2. Echocardiography was not recorded for 3 patients. Thirty-nine patients had positive blood cultures. IE specific isolates: Meticillin-sensitive Staphylococcus aureus (MSSA), 13; Streptococcus spp., 11; Enterococcus spp., 6; HACEK group, 3; S. epidermidis, 3; meticillin-resistant S. aureus, 2; MSSA + Strep, 1. Two patients were also culture-positive for Candida albicans. Thirty-three patients underwent surgical procedures. Antibiotics: gentamicin in combination 35%; rifampicin in combination 32%; flucloxacillin 35%; daptomycin 27%; benzyl-penicillin 23%; vancomycin 15%. Six patients required continuous veno-venous haemodialysis (CVVHD). Outcome was cured or improved in 42 patients (76%). Mortality was 23% (13/55), of which 10 patients died from complications or conditions other than IE. Conclusions: The EP was piloted at the Lancashire Cardiac Centre with plans to extend it for consultation of the regional cardiac network with an aim to standardise care throughout the region. The multidisciplinary input from cardiologist, cardiac surgeon and microbiologist prevents delay and optimises management. Results and clinical experience from this pilot have been used to inform revised user-friendly version of the EP to be available on the new trust electronic patient record system. Details to be presented.