5.23 Overview of Pleural Effusion Sampling Practices in a level 4 hospital and adherence to BTS Pleural Disease Guidelines

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Background: Unilateral pleural effusions are commonly encountered in clinical practice for which pleural fluid sampling is required to establish a diagnosis. **Methods:** Retrospective review of pleural effusion sampling practice in our institution against BTS Pleural Disease Best Practice Guidelines 2023. HIPE coding was used to identify patients with a primary diagnosis of pleural effusion from April 2023 - November 2023. **Results:** 48.5% of the effusions during this time period were adequately sampled. 20 %(n=7) had positive cytology. 11% (n=4) had positive microbiology. 68 %(n=12) of the patients had chest drains inserted. 18% (n=7) did not have chest x-rays performed within 24 hours of their pleural intervention. 5% (n=2) had complications requiring intervention post pleural procedure. 2% (n=1) developed re expansion pulmonary oedema post pleural fluid drainage.74 %(n=28) of the pleural procedures were performed by the respiratory team. **Conclusion:** This suggests adherence to BTS guidelines at our institution is suboptimal. An increased awareness of the recommended sampling as per guidelines is required in to fully investigate pleural effusions and to minimise repeated invasive investigations. We have created a pleural fluid sampling checklist to improve adherence to guidelines. We plan for this sampling checklist that will be attached to the US machine. **Conflict of Interest:** The authors declare that they have no conflict of interest.