Flow Chart 1 - Does a Pleural Procedure Need to be Performed Now?

Spontaneous Pneumothorax (clinically)

Haemodynamic stability

YES

CXR (lung edge seen with no respiratory markings)

Bilateral Pneumothoraces

Insert ICD

NO

Unilateral pneumothorax

>50yrs and smoker or known underlying lung disease

Decompress tension pneumothorax and insert ICD

No, Primary PTX See Flow 2

Yes, Secondary PTX See Flow 3
Large PTX >2cm around lung edge at the level of hilum

Does patient have respiratory compromise, significant pain or SOB?

NO

Pleural procedure unlikely to be necessary. D/W Respiratory team or Senior A+E. Appropriate follow up should be arranged and worsening advice given.

YES

Patient can wait until competent practitioner review in normal working hours

NO

Pleural procedure necessary and competent practitioner should be sought immediately

YES
Flow Chart 3 – Unilateral Secondary Pneumothorax

Large >2cm around lung edge at the level of the hilum

IF NO

Patient breathless, has respiratory compromise

IF NO

IFF YES

Are you sure there is no complicated bullous disease/lung tethering?

IF YES

Insert ICD

IF NO

Discuss with radiology & respiratory team. Patient may require CT-guided drain insertion or advanced practitioner input

Patient should receive oxygen titrated to saturations (bearing in mind CO2 retention in COPD) and review by the respiratory team.

IFF YES

Patient may need ICD and respiratory opinion/senior A+E opinion should be sought
It is rare to require intervention OOH.
Below are some limited indications for intervention.

**Flow Chart 4 – Pleural Effusion**

- **Massive effusion**
- **Pleural sepsis**

**Haemodynamic/respiratory compromise**

- **YES**
  - These patients can usually wait until a skilled practitioner can attend (even if this is the respiratory registrar on call from home) – stabilise patient with supportive management and seek help

- **NO**
  - Supportive management until competent practitioner in normal working hours can attend

**Traumatic effusion or haemothorax with haemodynamic/respiratory compromise**

- **Intervention required – seek urgent help from ED/cardiothoracics**
  - See chest trauma document