

Barts and The London NHS Trust

SIMPLE PNEUMOTHORAX (Post-Aspiration)

Date _____ Time _____ ED admitting consultant _____

Inclusion Criteria

Tick / Cross

- Unilateral spontaneous pneumothorax
- Requires post-aspiration observation
- Likely to be discharged within 12 hrs
- CDU transfer form filled out

Exclusion Criteria

- Unstable vital signs
- Oxygen sats < 94% on air
- Failed aspiration OR aspiration > 2.5L
- Associated haemothorax or pleural effusion
- Traumatic pneumothorax
- Bilateral pneumothoraces
- Major co-morbidity requiring in-patient admission, including chronic lung disease

Investigations

- Repeat CXR at 4-6 hrs post (successful) aspiration:
_____ time

Management

- Analgesia as charted
- To be reviewed by Dr _____ at _____ hrs
- Notify Medical Staff if:
 - Temp $\geq 38^{\circ}\text{C}$
 - HR < 60 or > 100/min
 - RR < 10 or > 20/min
 - Systolic BP < 100 or > 160mmHg
 - Sats < 92% room air
 - Increasing pain

Discharge only if:

- Improvement in clinical symptoms
- Lung remains re-expanded on CXR
- Normal vital signs
- Can eat / drink normally
- Normal mobility

- Adequate home supports
- Discharge medications arranged
- Discharge letter completed (to Dr White's Respiratory Clinic)

Referral / Consultation

Admit to Medical team if:

- Still symptomatic
- Re-accumulation of pneumothorax on repeat CXR at 4hrs

Time referred: _____

Time seen: _____

Fast Response Team:

- Social Work
- Physiotherapy
- Occupational Therapy

Time referred _____

Time seen _____

**ROYAL LONDON HOSPITAL
CLINICAL DECISION UNIT**

SIMPLE PNEUMOTHORAX DISCHARGE SUMMARY

Pt Sticker

Date _____

Dear Dr _____

Your patient was admitted into the Clinical Decision Unit following a presentation to the Emergency Department with a R / L sided simple pneumothorax.

Tick as appropriate:

- Your patient had the following management:
 - Aspiration of the pneumothorax
 - Check CXR at 4-6 hrs following successful aspiration
- CXR result:

Your patient was observed in the CDU and discharged with the following:

- TTA medications:
Analgesia
- Instructions to be reviewed by yourself in _____ days
- Out-patient referral to the Dr White's Respiratory Clinic
(Your patient will be contacted by the Out-Patient Department)
- Advice to contact yourself or the Emergency Department should there be any further problems

Thank you

Signed _____ Name _____ Grade _____