Spontaneous Pneumothorax Care Guideline



Inclusion Criteria:

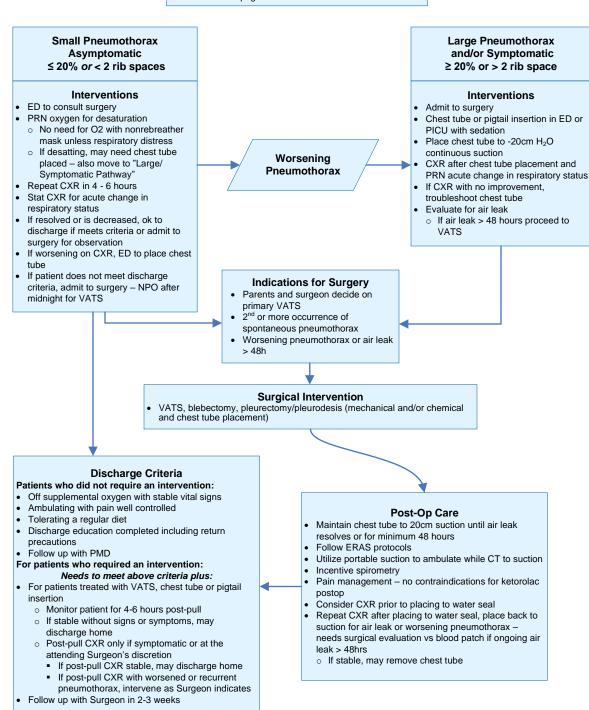
- · Primary spontaneous pneumothorax
- Children 10 years and older

Exclusion Criteria:

- Trauma, iatrogenic pneumothorax, tension pneumothorax
- Secondary spontaneous, pneumothorax (due to underlying pulmonary disease, i.e. cystic fibrosis, asthma, connective tissue disorders)
- Empvema
- Unstable patient requiring PICU care

Assessment

- Respiratory status, O2 saturation, vital signs
- · History and Physical
- CXR: 1 view upright



Recommendations/Considerations

- Signs and symptoms of pneumothorax: tachypnea, hypoxia, shortness of breath, chest pain/discomfort
- CT scan not routinely indicated, but may be ordered based on family/patient/surgeon preference
- Surgery team to discuss option of primary VATS with patient/family
- VATS for other indications i.e.: Empyema use Empyema Care Guideline
- For post-surgical air leak > 5 days, may consider blood patch, Heimlich valve, or return to OR
 - If Heimlich valve placed, repeat CXR the next day
 - May discharge home if pneumothorax stable or smaller
 - Weekly CXRs and follow up with surgeon
- Outpatient referral/evaluation with Genetics if concerned for possible Marfan Syndrome

Discharge Instructions / Follow Up Recommendations

- No PE, contact sports, airplane travel, high altitude, swimming or breath-holding activities for 6 weeks after pneumothorax has resolved
- Leave chest tube dressing in place x 3 days after removal. It is normal to have some clear pink/yellowish drainage for 1-2 days after chest tube removal
- Once chest tube dressing is removed, may bathe normally. If site is still slightly open, cover with a band-aid until scabbed over
- Return to CHOC ED with any signs or symptoms of recurrent pneumothorax

Patient Education

- Cerner Pneumothorax Patient/Family Education
- Prevention of Surgical Site Infection (SSI) handout

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