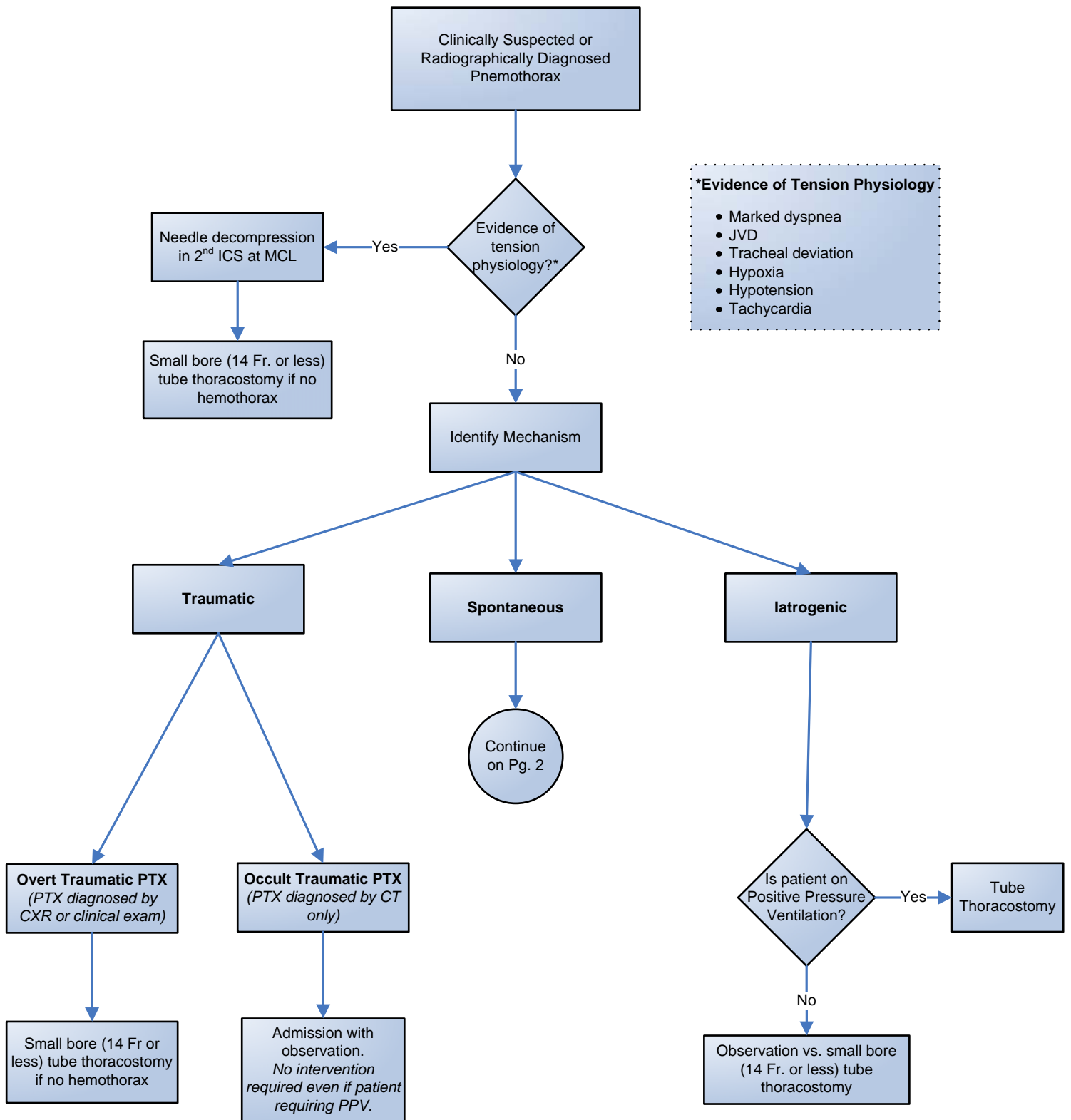


# EmergencyKT: Management of Pneumothorax



**\*\*Large PTX**

ACCP (American College of Chest Physicians):  
 >3cm apex-to- cupola distance

BTS: (British Thoracic Society):  
 >2cm intrapleural distance at the level of the hilum

**Patient symptomatically dyspneic or hemodynamically unstable**

- RR >24
- P < 60 or >120
- Hypotension
- SpO2 <90% on RA or unable to speak in full sentences.

**\*Suggest Secondary Spontaneous Pneumothorax**

- Age > 50 yrs
- Significant smoking history
- Lung disease seen on CXR

Continued from Pg. 1

Identify as Primary or Secondary Spontaneous Pneumothorax\*

Primary Spontaneous

Secondary Spontaneous

Is PTX large, patient symptomatically dyspneic or hemodynamically unstable?\*

Is PTX large, patient symptomatically dyspneic or hemodynamically unstable?\*

Observe with NC O<sub>2</sub> in ED for 3-6 hours. Repeat CXR. If no worsening and still no symptoms discharge with close follow-up

If <1cm intrapleural distance at hilum, consider conservative approach with admission and O<sub>2</sub> and observation

If > 1 cm consider tube thoracostomy (14 Fr. or less)

Tube thoracostomy with 8-14 intrapleural drain with or without Heimlich valve