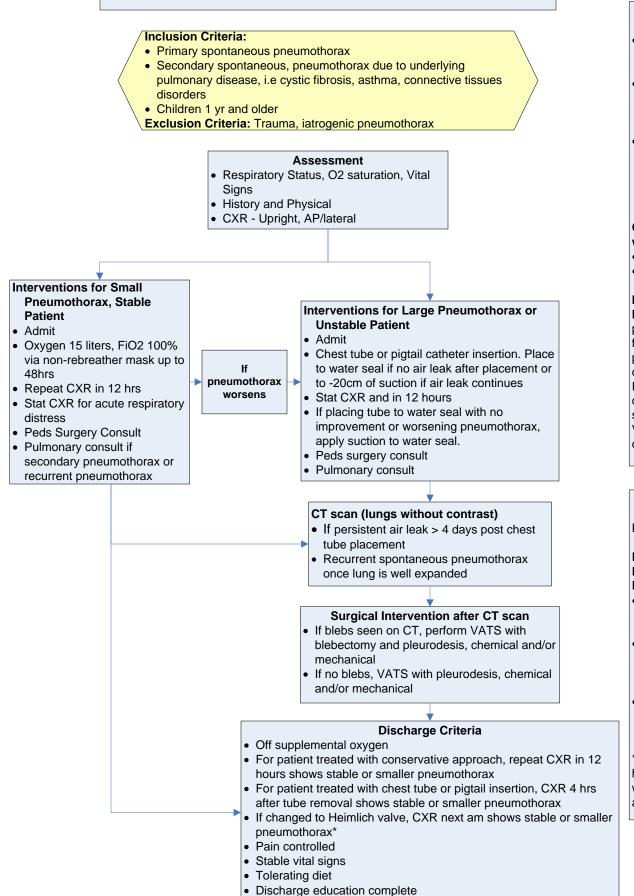
### **Spontaneous Pneumothorax Care Guideline**



## CHOC Children's.

#### Recommendations/ Considerations

- Symptoms include shortness of breath, pleuritic chest pain
- Consider pleurodesis if 1<sup>st</sup> pneumothorax with high risk activities (ie pilot, deep sea diving)
- Post surgical air leak > 7 days, convert chest tube to heimlich valve and repeat CXR, if stable discharge home

# Criteria for chest tube to waterseal or removal

- No air leak
- CXR stable or improved

If concerned for possible Marfan Syndrome (thin, tall patients whose arms, legs, fingers, and toes seem out of proportion for rest of body), obtain echocardiogram. If ECHO reveals an aortic root diameter measurement Zscore at the sinuses of Valsalva at 2 or more, then order a genetics evaluation

#### Patient/Family Education

Kids health - Pneumothorax

#### Discharge Instructions/ Follow-up

#### Recommendations

- May resume normal activities 2 weeks after pneumothorax is resolved
- No contact sports, flying, or breath-holding for 2weeks after
- pneumothorax is resolvedNo deep sea diving unless
- No deep sea diving unles after undergoing pleurodesis

\*If pt discharged with heimlich valve, follow-up weekly with peds surgery and weekly CXR

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates

#### **References** Spontaneous Pneumothorax Care Guideline

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