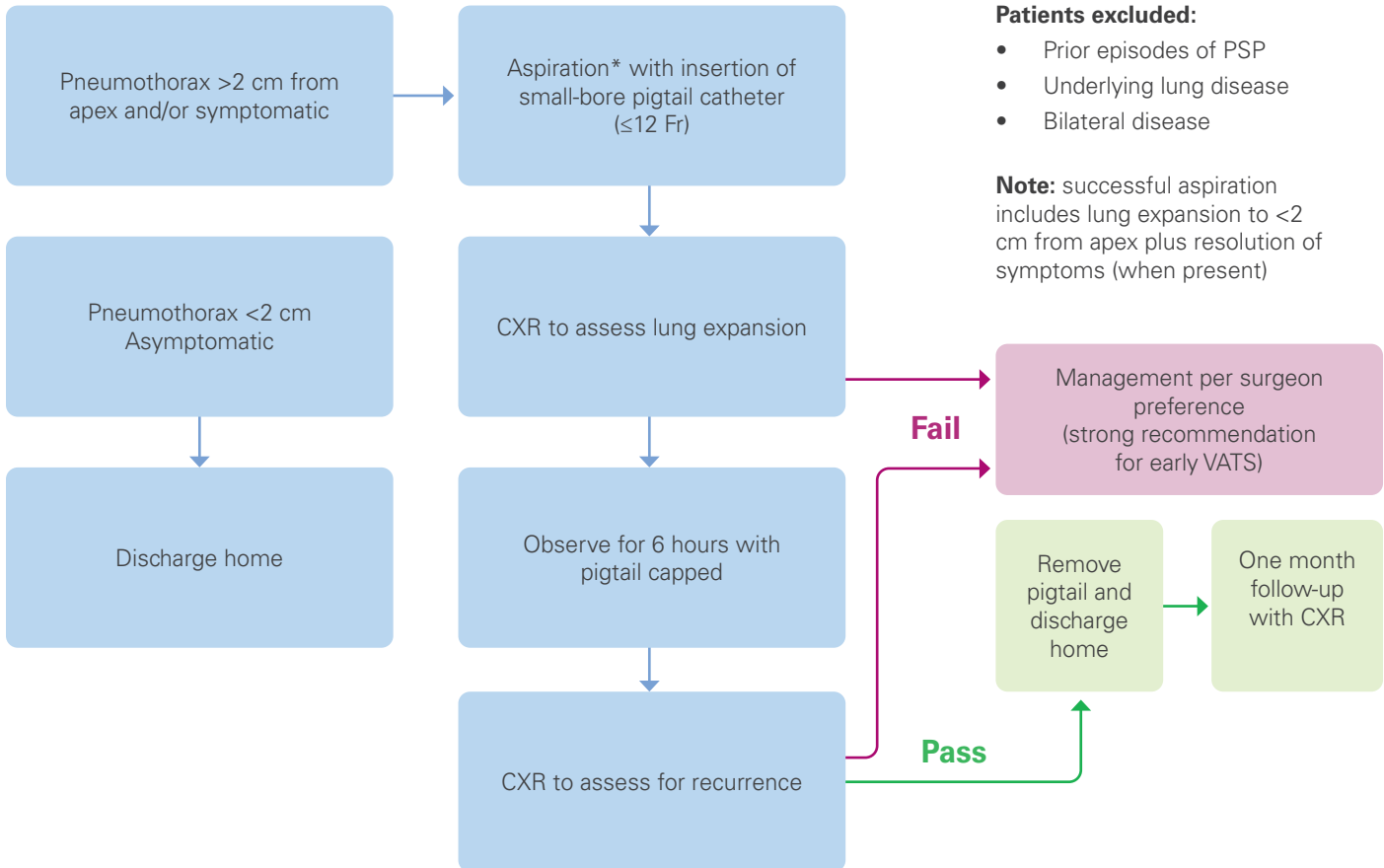


Clinical Guideline


Spontaneous pneumothorax

 This guideline should not replace clinical judgment.

Pediatric surgery and emergency medicine



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*Aspiration technique:

- Use pleural pigtail catheter kit to place <12 Fr catheter using Seldinger technique
 - 4th or 5th intercostal space, anterior axillary line
- To evacuate pneumothorax:
 - EITHER use a 60 mL syringe to aspirate air until no more air can be removed
 - OR hook the catheter to a pleuravac and wall suction until bubbling stops
- Get a Chest X-ray
- After confirmation that pneumothorax is resolved (e.g. lung <2 cm from apex of chest, symptoms improved) the pigtail can be clamped/capped
- PEM to consult pediatric surgery prior to pigtail placement (if not emergent) for input on management
- Preferably, PEM will place pigtail catheter, with assistance from pediatric surgery when available or by PEM attending request

Spontaneous Pneumothorax Guideline

Executive Summary

Children's Hospital of Richmond at VCU Spontaneous Pneumothorax Workgroup

Pediatric Surgery Owner: Jason Sulkowski, MD, Pediatric Emergency Medicine: Judy Barto, MD

Approved (January 2023)

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References:

Guidelines Reviewed:

Lays CM, Hirschl RB, Kohler JE, et al. Changing the paradigm for management of pediatric primary spontaneous pneumothorax: a simple aspiration test predicts need for operation. J Pediatr Surg. 2020; 55(1): 169-75.

Citation

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Example: Children's Hospital of Richmond at VCU. Sulkowski J, Barto J, Spontaneous Pneumothorax Guideline.

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