

Spontaneous Pneumothorax **[CASP (Aspiration of Pneumothorax)]**

TRANSFER CRITERIA

- Diagnosis of simple pneumothorax (PTX) made in ED, CASP catheter placed
- CXR #2 * shows complete or substantial resolution of PTX (< 5-10%)
- Vital signs and pulse oximeter stable
- Patient tolerates CASP catheter without significant respiratory distress or pain
- CXR #1 and #2 accompany patient to Observation Unit (Obtain from EC or radiology if needed)

EXCLUSION CRITERIA

- Tension PTX
- PTX as result of trauma or fractured rib
- Unstable VS, hypoxia, respiratory distress
- Bleeding dyscrasia
- Underlying pulmonary disease (COPD, pulmonary fibrosis, asthma)
- Need for chest tube or pleurodesis

INTERVENTIONS

- Maintain CASP in place, vital signs q 2 hours
- CXR #3 - 4 hrs after CASP has been placed
 - If CXR #3 shows continued resolution or no worsening of PTX, then CASP catheter is removed by the EC physician
 - If CXR #3 shows worsening, attach CASP (or place chest tube) to pleurevac, ADMIT.
- CXR #4 - is obtained 2 hrs. after removal of the CASP catheter
 - If CXR #4 shows continued resolution or no worsening of PTX 2 hrs after removal of the catheter then repeat CXR (#5) in 12 hours.
 - If CXR #4 shows worsening, place CASP (or place chest tube) to pleurevac, ADMIT.
- CXR #5 – obtained 14 hours after CASP removal.
 - If CXR #5 shows continued resolution or no worsening of PTX 14 hrs after removal of the catheter then discharge home.
 - If CXR #5 shows worsening, place CASP (or place chest tube) to pleurevac, ADMIT.

DISPOSITION

- Home - CXR #3, 4, and 5 shows resolution or no change in PTX. No heavy lifting or physical activity, pain medications prn.
- Hospital – PTX worsens or reforms in any CXR, respiratory distress, or hypoxia.

* See flow sheet for CXR numbering and sequence

** The above criteria are guidelines only and are subject to physician discretion