Fact sheet

Central Adelaide Respiratory and Sleep (Thoracic) Medicine Service Clinical Information Sheet

Clinical Condition Pleural disease Eligibility New pleural effusion not due to cardiac failure Pneumothorax Priority Acute presentation or respiratory failure: Mon-Fri, 9am - 5pm: must be discussed with the Thoracic Registrar via switchboard 8222 4000 (RAH) or 8222 6000 (TQEH) for appropriate prioritisation and then fax referral to 08 8222 5398 (RAH) or 8222 7244 (TQEH). After hours: Thoracic registrar or medical registrar on call via switchboard. Transfer the patient to the nearest Emergency Department. **Differential Diagnosis** Parapneumonic effusion/empyema of pleural effusion Malignancy **Tuberculosis** Transudative effusion due to cardiac/renal/hepatic disease (treat underlying disease and/or refer to relevant speciality) **Information required** Pleural effusion: with referral History of breathlessness and symptoms and signs of underlying condition e.g. trauma (refer to Cardiothoracic surgical unit), heart failure, liver or kidney disease, neoplasia or infection pneumonia or empyema (history of aspiration/ loss of consciousness) Smoking, occupational and exposure (e.g. asbestos/TB) • Systemic symptoms Nutritional state Co-morbidities and diagnosis or suspicion of intercurrent disease (eg lung cancer) Pneumothorax Sudden onset of chest pain and/or breathlessness • Consider tension pneumothorax if haemodynamically unstable requires urgent drainage. **Essential: CXR** Investigations required with referral If available: CT Traumatic pleural effusion/ haemothorax: liaise with cardiothoracic Pre-Referral management surgical unit. strategies Pneumothorax: Refer to the nearest Emergency Department If severe respiratory distress or haemodynamic compromise, consider possibility of tension pneumothorax requiring immediate drainage \rightarrow refer to nearest Emergency Department.

For more information

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