



First spontaneous pneumothorax, onset < 8 hours, for conservative management or post successful aspiration

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> Underlying chronic lung disease Trauma Bilateral pneumothorax Tension pneumothorax Significant haemothorax 	

KEY CONSIDERATIONS DURING SSU ADMISSION

- Observation and serial CXR (4hrs post ED presentation/aspiration procedure and again at 8-12 hour prior to discharge)
- Analgesia – paracetamol 1 g QID/NSAID 400 mg TDS/Oxycodone 5-10 mg TDS, all regular
- Oxygen therapy to enhance pneumothorax re-absorption if conservatively managed (ensure communication with nursing staff regarding this to avoid inadvertent O2 cessation)

REFERRAL CRITERIA (Respiratory / Thoracics)	DISCHARGE CRITERIA
<ul style="list-style-type: none"> Unstable vital signs Increasing size of pneumothorax on CXR Ongoing intractable symptoms – dyspnoea, chest pain 	<ul style="list-style-type: none"> Stable vital signs Baseline mobility Adequate social support No increase in pneumothorax size on CXR

DISCHARGE REQUIREMENTS

- Follow up plan;
 - Respiratory/Thoracic clinic – discuss early follow up with unit registrar
 - LMO – letter for information
- Patient education, specifically – no diving / flying until clearance from Respiratory / Thoracics
- Re-attendance advice – e.g. Dyspnoea / pain
- Medical certificate