Pleural Effusion Evaluation

MRN	Date	Start time	Stop time

Allergies

Chief complaint/Reason for consult

Medications

History of present illness

❑Pleuritic chest pain present
❑Dyspnea or cough
❑Peripheral edema
❑Orthopnea or PND
❑Decreased exercise tolerance
❑Recent fever, chills or nightsw

❑Recent severe em or esophag dilatation
❑Recent MI or cardio cic surg
❑CHF, ESRD on HD, SL PA ebidosis
❑History of asbestos expos
❑ story of malignancy

Drugs associated with pleural ef n include, b not limi bromoc e, cyclophosphamide, dantrolene, isotretinoin, mesalamine, methotrexate, p cin, nitrofuran practolol, ph azi

Social History

❑ Tobacco use

____ Packs x ____ Yrs ❑ Quit
Daily, occasional and ex-smokers are more likely to be hazardous drinkers

❑ Alcohol use
_____ Drinks per
❑ day ❑ week
Hazardous drinking
NIAAA (National Institute on Alcoholism and Alcohol Abuse guidelines)
Men > 14 drinks per week
> 4 drinks per day
Women > 7 drinks per week
>3 drinks per day

❑ Recrea drug use
❑*Inhalati* ❑*Injectable* ❑*Ingestible*
❑ Drug dependence
❑Narco ❑Benzodia

Review of Systems

See HPI WNL

❑ ❑ **Cons** Fatig laise, fever/chills, weight loss, change in appetite
❑ ❑ **Eyes** Vision c es, New pain, Scotomas
❑ ❑ **ENT/mo** se bleed ntal caries, dental abscesses, jaw pain
❑ ❑ **Resp** Cough, Sputum, Hemoptysis, Wheeze, Witnessed Apnea
❑ ❑ **CV** Ches in, diaphoresis, ankle edema, PND, syncope
❑ ❑ Emesis sphagia, GERD, abdominal pain, diarrhea, melena
❑ ❑ **GU** hange in urinary habits, hematuria, dysuria
❑ ❑ **usc** algias, recent trauma, bony fractures, arthralgias, joint swelling
❑ ❑ **/breasts** es, new masses or skin lesions, increased sensitivity to sun
❑ ❑ **Ne** Seizures, episodic or chronic muscle weakness
❑ ❑ **Endo** Hair loss, polydipsia
❑ ❑ **Heme/ly** Bleeding gums, unusual bruising, swollen lymph nodes
❑ ❑ **/Immun** Sinus probs, recurrent infections
❑ ❑ **Psy** Mood changes, agitation, psychosis, delirium, dementia

Occupational History

Family Medical History

❑ Asthma
❑ Congestive Heart ilure
❑ COPD
❑ Coronary Artery Disease
❑ Premature Onset
❑ Diabetes
❑ Malignancy
❑ Pancreatitis
❑ Peripheral Vascular Disease
❑ Renal Dysfunction
❑ Thyroid Disease

Past Medical and Surgical History

❑ Asthma
❑ Bronchiectasis
❑ COPD
❑ COP (BOOP)
❑ Cystic Fibrosis
❑ Histiocytosis
❑ Tuberculosis
❑ PE
❑ Sarcoidosis
❑ Tuberculosis
❑ Obstructive Sleep Apnea
❑ CPAP ❑ BiPAP

❑ Cerebral Artery Disease
❑ Congestive Heart Failure
❑ Coronary Artery Disease
❑ Diabetes
❑ GERD
❑ Hepatic Dysfunction
❑ HIV/AIDS
❑ Hypercoagulation
❑ Inflam bowel disease
❑ Malignancy

❑ Neuromuscular weakness
❑ Occupational exposures
❑ Pancreatitis
❑ Peripheral Artery Disease
❑ Scleroderma
❑ Seizure Disorder
❑ Sjogren
❑ Renal Dysfunction
❑ Rheumatoid arthritis
❑ Thrombotic Disease
❑ Thyroid Disease

❑ Chemotherapy
❑ Colonoscopy
❑ ECHO/Stress Test
❑ Mammogram
❑ PFTs
❑ PapSmear
❑ Prior Intubations
❑ Radiation exposure
❑ Sleep Study
❑ Steroid use

Surgeries

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SAMPLE

Pleural Effusion Evaluation

Vitals

Weight

BMI

Temperature

BP

Pulse

Sats
At Rest

With Activity

CVP

Cardiac Output

Urine Output
Last 24 hours

Last 8 hours

Exam

Ventilator Settings **Mode** **Rate** **Tidal Vol** **PEEP** **PS** **FiO2** **PO2/FiO2** **Plateau Pressure**

NonInvasive Ventilator (CPAP, BiPAP) Settings

General ❑ Alert

ENT ❑ Nasal mucosa ❑ Dentition ❑ Oropharynx Mallampati ❑I ❑II ❑III ❑IV

Neck ❑ Normal to palpation ❑ Thyroid ❑ No JVD

Resp ❑ Clear to auscultation ❑ Dullness to percussion ❑No respiratory distress ❑No chest wall defects
❑ Decreased fremitus ❑ Bronchial breath sounds ❑ Absence of intercostal respiratory retractions
❑ Egophony (E to A change)

CV ❑ Clear S1 S2 ❑ No murmur ❑ No gallop ❑No rub ❑ Peripheral pulses ❑ No peripheral edema

GI ❑No palpable masses ❑ Liver and spleen not palpable ❑ No hepatojugular reflux

Lymph ❑ No lymphadenopathy

Musc ❑Tone ❑ Gait

Extrem ❑ No clubbing ❑ No cyanosis

Skin ❑ No rashes, ecchymoses, nodules, ulcers

Neuro ❑ Oriented ☆58(Pts with Community Acquired Bacterial Pneumonia) ❑Affect

Glasgow Coma Score E____ V____ M____ **APACHE II Score ____**

Labs/Tests

❑CXR (PA, lateral, lateral decubitus)
❑CT of chest
(PE protocol if PE suspected)
❑PET scan
❑MRI
❑Thoracentesis
❑Pleural fluid
❑Glucose
❑LDH, include serum level
❑pH
❑Protein, include serum level

❑Cell count with differential
(all suspected exudates)
❑Cultures: bacterial, fungal, AFB (*all suspected exudates)*
❑Cytology (suspected exudates)
❑Adenosine deaminase (for TB)
❑Amylase
(for suspected pancreatitis or ruptured esophagus)
❑ANA, RF (for suspected autoimmune disease)
❑Flow cytometry
(for suspected lymphoma)
❑Hematocrit (for bloody effusion)
❑Pleural biopsy
(for suspected TB or malignancy)
❑Triglyceride, cholesterol levels
(for suspected chylothorax or pseudochylothorax)
❑Urea (for suspected urinothorax)

Exudate if:
Pleural:serum protein >0.5
Pleural:serum LDH >0.45
pleural LDH >2/3 upper limit normal for serum

If patient history of diuretic use:
Serum -- pleural protein = <3.1 g/dL suggests exudate

Pleural LDH of >1000 suggests empyema, malignancy, rheumatoid lung effusion or paragonimiasis

Impression and Plan

DDx includes, but is not limited to:
Pulmonary embolism, Tuberculous pleurisy, Infectious, hepatic hydrothorax, esophageal rupture of any cause or recent sclerotherapy, malignancy, pancreatitis, congestive heart failure, renal failure, urinothorax, chylothorax, chylous pleural effusion, sarcoidosis, post-cardiac injury syndrome or coronary artery bypass graft surgery, collagen vascular diseases, lupus, rheumatoid pleurisy, Meigs syndrome, hypothyroidism, urinothorax, SVC obstruction, trapped lung, hypoalbuminema, cirrhosis, atelectasis, pericardial effusion
Imperative rule outs: PE and tuberculous pleurisy => results in increased morbidity if left undiagnosed

Signature

❑ *Patient has completed advanced health care directives*☆**47**
HCPOA is

CODE STATUS ❑**Patient is a FULL CODE** ❑**DNAR DO NOT ATTEMPT RESUSCITATION**

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SAMPLE

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