Swindon Diagnostic Algorithm for the Investigation of a Pleural Effusion for

Patients With Known Malignancy for Use in Oncology/Haematology Outpatients



Also See: Diagnostic Algorithm For The Investigation History, clinical examination & CXR Of A Unilateral Pleural Effusion Does the clinical picture Yes Treat the Yes suggest a transudate? Resolved? **STOP** cause e.g. LVF, hypoalbuminaemia No Is it Fax Referral to Does the clinically urgent for Respiratory patient need No No pleural aspiration or Team admission for drainage? ext. other e.g. disabling 01793 60 4762 reasons? breathlessness **#1 Ultrasound Guidance** Yes is strongly recommended to Yes assess for safe location to aspirate pleural fluid. Follow usual admission Bleep Respiratory Team To arrange: procedure to Pleural Bleep 1876 **Contact Respiratory Team Acute Ward** via Pleural Bleep 1876 **Contact Radiology** Department if not available. **Consider IPC** Is there are Yes Has the effusion been Yes or proven to be a trapped VATS & IPC malignant effusion? lung? No No Did they gain significant No relief of symptoms Pleural aspiration / Therapeutic pleural aspiration from previous pleural As clinically indicated. Remove up to 1500ml. drainage? (with ultrasound guidance - see #1) Send for: Cytology (20-60 mls) & mark URGENT Yes Protein, LDH, pH (measure serum LDH and protein) Gram stain, culture and sensitivity, +-TB **Insert Chest Drain** Are you No Admit to sending them **Respiratory Ward** home? Yes Fax Referral to Discuss at **Respiratory Team** Lung ext. **MDT**

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