

HISTORY FINDINGS

- **Shortness of breath:** Sudden onset
- **Chest pain**
- **PMHx :** Underlying lung disease, especially bullous conditions such as emphysema, history of previous pneumothorax

EXAMINATION FINDINGS

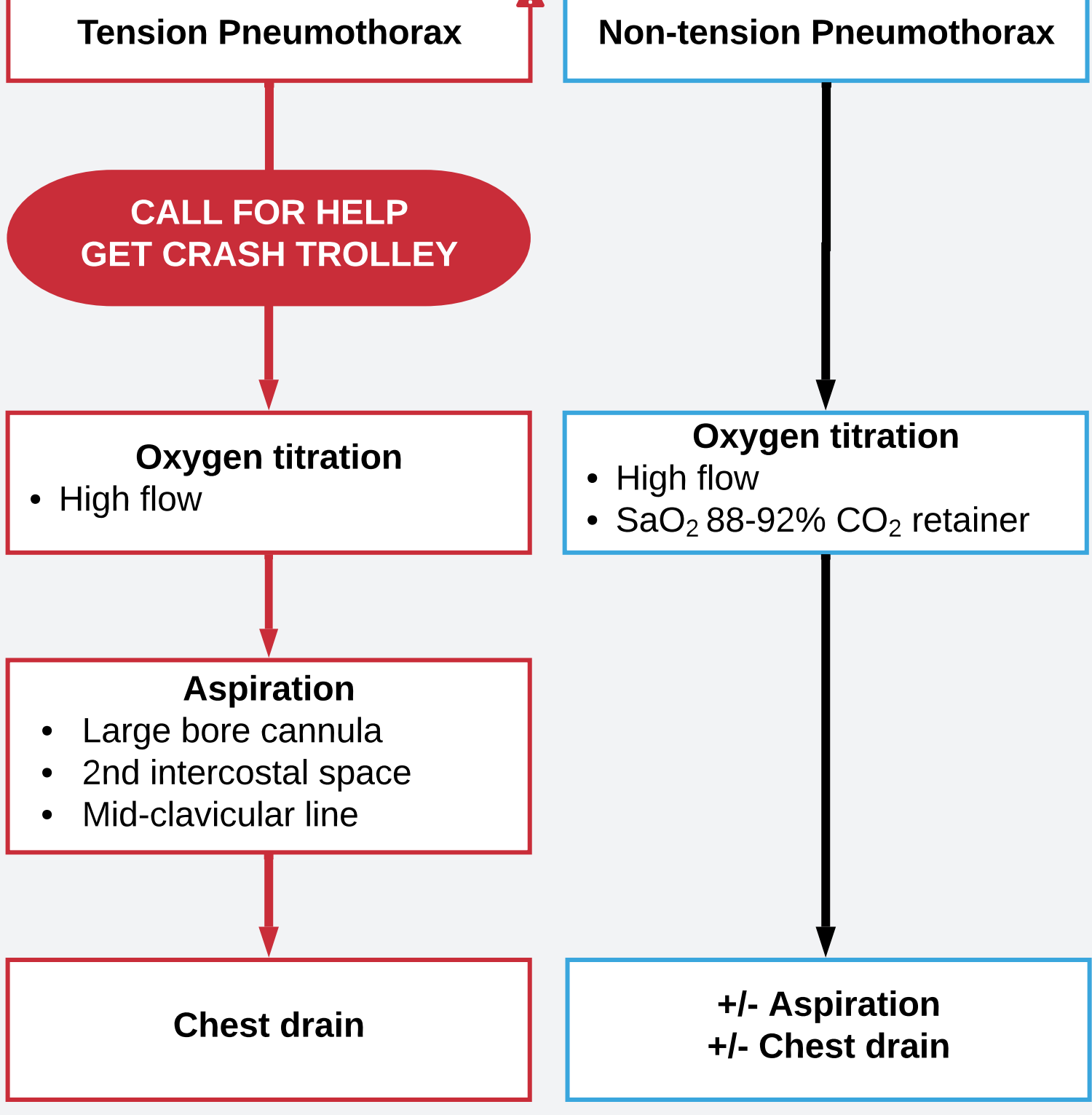
- **Appearance:** May have typical slim and tall phenotype
  - Associated with spontaneous pneumothorax
- **Physical observation:** High RR / reduced SaO<sub>2</sub> / +/- Tachycardia
- **Trachea:** +/- Deviated (Tension pneumothorax)
- **Auscultation:** Decreased air entry over affected side
- **Percussion:** Hyper-resonant over affected side

INVESTIGATION FINDINGS

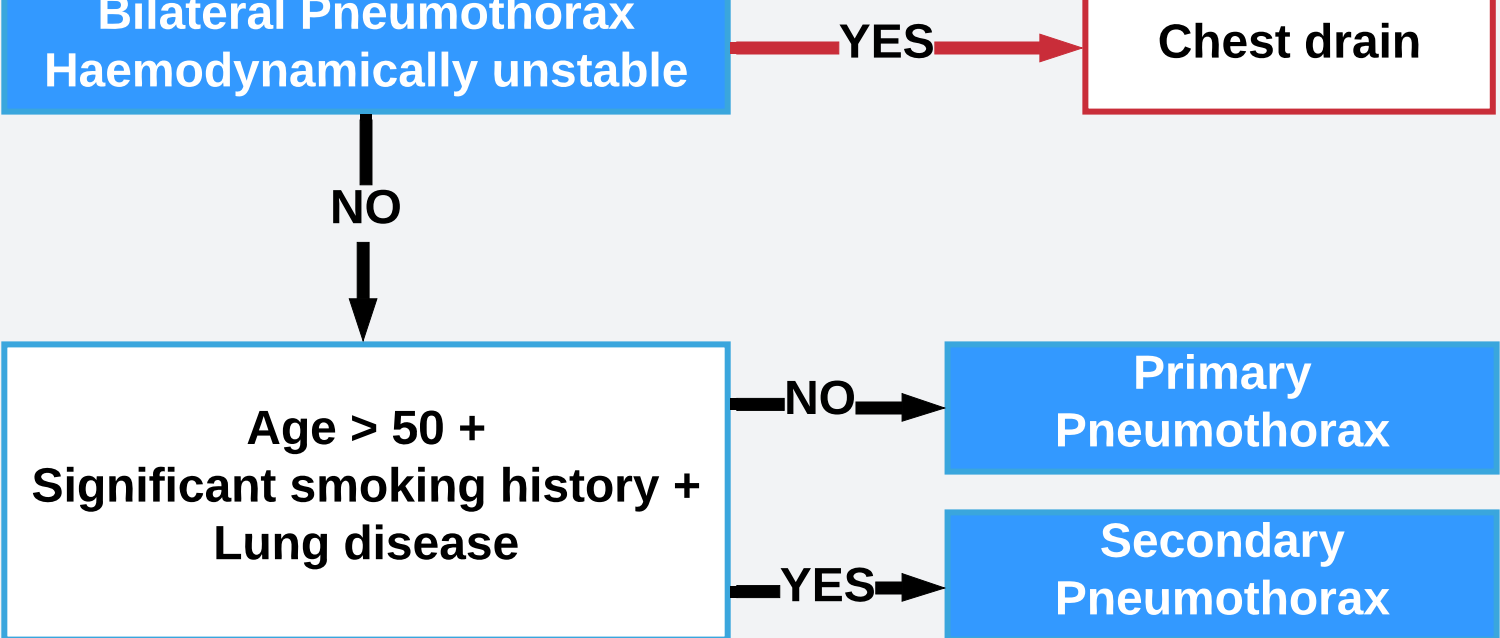
- **CXR:** Lung markings not extending to thoracic edges
  - Size of pneumothorax = interpleural distance at level of hilum
  - +/- tracheal / mediastinal deviation (Tension pneumothorax)
- **Bloods:** Ensure FBC / Clotting done as patient may require aspiration or drain

MANAGEMENT

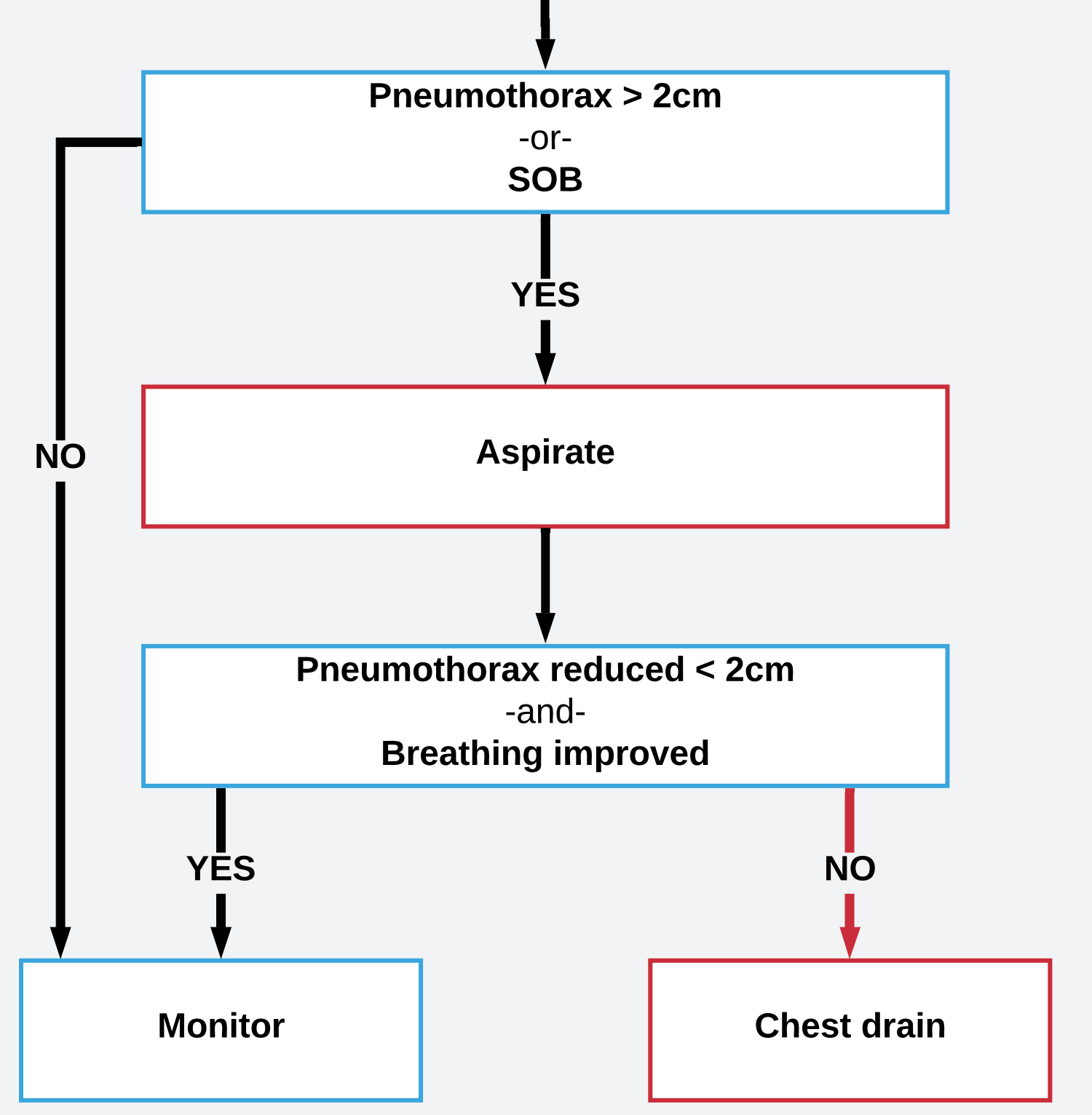
Call Senior for any patient with confirmed or suspected pneumothorax



CHEST DRAIN / ASPIRATION INDICATIONS



Primary Pneumothorax



Secondary Pneumothorax

