

[\*\*2119-6-7\*\*] 5:18 PM

CHEST PORT. LINE PLACEMENT

Clip # [\*\*Clip

Number (Radiology) 12024\*\*]

Reason: new CVL

Admitting Diagnosis: HYPOTENSION

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[\*\*Hospital 2\*\*] MEDICAL CONDITION:

55 year old woman with shock, renal failure, new L CVL

REASON FOR THIS EXAMINATION:

new CVL

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WET READ: LLTc WED [\*\*2119-6-7\*\*] 7:29 PM

New left IJ catheter terminating at the upper SVC. Unchanged position of right IJ, ET tube, and OG tube. Slightly increased pulmonary vascular congestion. Small left pleural effusion.

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FINAL REPORT

AP CHEST 5:15 [\*\*Initials (NamePattern4) \*\*] [\*\*6-7\*\*]

HISTORY: Shock. Renal failure. New central venous line.

IMPRESSION: AP chest compared to [\*\*6-6\*\*]:

ET tube is in standard placement. Nasogastric tube passes below the diaphragm and out of view. Left internal jugular line ends in the upper SVC and right internal jugular line in the lower Lung volumes are lower exaggerating mild pulmonary edema and reflecting or causing increasing bibasilar atelectasis. Pleural effusions are presumed but not large. No pneumothorax. Healed left posterior rib fractures noted. Heart size normal.

A 55-year-old female with shock, renal failure, and a new left chest port was evaluated with a chest x-ray. The wet read indicated the placement of the new left internal jugular catheter and slightly increased pulmonary vascular congestion with a small left pleural effusion. The final report showed no significant change in the placement of the ET tube and the nasogastric tube, and lung volumes were lower with mild pulmonary edema, bibasilar atelectasis, and healed left posterior rib fractures noted. The heart size was normal, and there was no pneumothorax.

62 F admitted with moderate rt. sided effusion. During thoracentesis on the floor, Pt. coughed up blood, low sats, transferred to MICU, intubated for airway protection and insertion of endobronchial blocker. Currently wedged in rt. lower lobe and locked at 52 mark at adpter. DO NOT SUCTION TONIGHT. History of pulmonary HTN.

A 62-year-old female patient was admitted with a moderate right-sided effusion. During thoracentesis, she coughed up blood and had low oxygen saturation, leading to her transfer to the MICU. She was intubated for airway protection and had an endobronchial blocker inserted. Currently, the blocker is wedged in the right lower lobe and locked at the 52 mark. Due to her history of pulmonary hypertension, suctioning is not recommended for tonight.