

Pleural Effusion Evaluation

Patient Name

Patient DOB

<b>Date</b>	<b>Chief complaint/Reason for consult</b>	<b>Referring MD</b>
<b>Start time</b> <b>Stop time</b>		
<b>Medications</b>	<b>History of Present Illness</b> <input type="checkbox"/> Patient is Nonverbal. History obtained from <input type="checkbox"/> Family <input type="checkbox"/> Medical records	
<input type="checkbox"/> Medications reviewed <input type="checkbox"/> Medications reconciled with Nursing Home or Hospital discharge Information ★46 <b>Changes as follows</b>  <b>Allergies</b> <input type="checkbox"/> Allergy List reviewed <input type="checkbox"/> No drug allergies <input type="checkbox"/> No food allergies	<p>www.e-medtools.com</p> <input type="checkbox"/> Pleuritic chest pain present <input type="checkbox"/> Dyspnea or cough <input type="checkbox"/> Peripheral edema <input type="checkbox"/> Orthopnea or PND <input type="checkbox"/> Decreased exercise tolerance <input type="checkbox"/> Recent fever, chills or night sweats <input type="checkbox"/> Recent severe emesis or esophageal dilatation <input type="checkbox"/> Recent MI or cardiothoracic surgery <input type="checkbox"/> CHF, ESRD on HD, SLE, RA, Sarcoidosis <input type="checkbox"/> History of asbestos exposure <input type="checkbox"/> History of malignancy Drugs associated with pleural effusion include, but are not limited to: bromocriptine, cyclophosphamide, dantrolene, isotretinoin, mesalamine, methotrexate, mitomycin, nitrofurantoin, practolol, procarbazine	
<b>Social History</b>	<b>Review of Systems</b>	
<input type="checkbox"/> Never Smoker <input type="checkbox"/> Tobacco ___ # Packs X ___ # Yrs <input type="checkbox"/> Quit <input type="checkbox"/> Patient is unwilling to quit <input type="checkbox"/> Patient willing to consider quitting <input type="checkbox"/> Patient quit, but resumed smoking <input type="checkbox"/> Patient willing to quit within 1 month <b>Patient has tried</b> <input type="checkbox"/> Nicotine replacement <input type="checkbox"/> Bupropion or nortriptyline <input type="checkbox"/> Nicotine receptor blockade <i>Daily, occasional and ex-smokers are more likely to be hazardous drinkers</i> <input type="checkbox"/> Alcohol use Drinks per <input type="checkbox"/> day <input type="checkbox"/> week <b>Hazardous drinking</b> <i>NIAAA (National Institute on Alcoholism and Alcohol Abuse guidelines)</i> <i>Men &gt; 14 drinks per week OR &gt; 4 drinks per day</i> <i>Women &gt; 7 drinks per week OR &gt; 3 drinks per day</i> <input type="checkbox"/> Recreational drug use <input type="checkbox"/> Inhalational <input type="checkbox"/> Injectable <input type="checkbox"/> Ingestible <input type="checkbox"/> Drug dependence <input type="checkbox"/> Narcotics <input type="checkbox"/> Benzodiazepines	<b>See HPI WNL</b> <input type="checkbox"/> <input type="checkbox"/> <b>Constitutional</b> Fatigue, malaise, fever/chills, weight loss, change in appetite <input type="checkbox"/> <input type="checkbox"/> <b>Eyes</b> Vision changes, New pain, Scotomas <input type="checkbox"/> <input type="checkbox"/> <b>ENT/mouth</b> Nose bleeds, dental caries, dental abscesses, jaw pain <input type="checkbox"/> <input type="checkbox"/> <b>Resp</b> Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze, Witnessed Apnea <input type="checkbox"/> <input type="checkbox"/> <b>CV</b> Chest pain, diaphoresis, ankle edema, PND, syncope <input type="checkbox"/> <input type="checkbox"/> <b>GI</b> Emesis, dysphagia, GERD, abdominal pain, diarrhea, melena <input type="checkbox"/> <input type="checkbox"/> <b>GU</b> Change in urinary habits, hematuria, dysuria <input type="checkbox"/> <input type="checkbox"/> <b>Musc</b> Myalgias, recent trauma, bony fractures, arthralgias, joint swelling <input type="checkbox"/> <input type="checkbox"/> <b>Skin/breasts</b> Rashes, new masses or skin lesions, increased sensitivity to sun <input type="checkbox"/> <input type="checkbox"/> <b>Neuro</b> Seizures, episodic or chronic muscle weakness <input type="checkbox"/> <input type="checkbox"/> <b>Endo</b> Hair loss, polydipsia <input type="checkbox"/> <input type="checkbox"/> <b>Heme/lymph</b> Bleeding gums, unusual bruising, swollen lymph nodes <input type="checkbox"/> <input type="checkbox"/> <b>Allergy/Immun</b> Sinus probs, recurrent infections <input type="checkbox"/> <input type="checkbox"/> <b>Psych</b> Mood changes, agitation, psychosis, delirium, dementia	
	<b>Occupational and Exposure History</b>	
	<input type="checkbox"/> Inorganic dusts i.e., quarries, sandblasting, cement, stone carving, welding, plumbing, shipyard work, firefighter <input type="checkbox"/> Organic dusts i.e., farming, building inspection, woodworking, remodeling, handling vegetable matter or animals <input type="checkbox"/> Noxious fumes i.e., spray painting, auto body work, working with dyes or glues, manufacturing plastic <input type="checkbox"/> Hot tub or Jacuzzi <input type="checkbox"/> High Pressure washings <input type="checkbox"/> Pets or feathers <input type="checkbox"/> Chemicals or fires	
<b>Family Medical History</b>	<b>Past Medical and Surgical History</b>	
<input type="checkbox"/> Asthma <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Premature Onset <input type="checkbox"/> Malignancy <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Thrombotic disorder <input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral Artery Disease <input type="checkbox"/> Neuromuscular weakness <input type="checkbox"/> Chemotherapy <b>Surgeries</b> <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Occupational exposures <input type="checkbox"/> Colonoscopy <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> ECHO/Stress Test <input type="checkbox"/> COP (BOOP) <input type="checkbox"/> Diabetes <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Mammogram <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> GERD <input type="checkbox"/> Scleroderma <input type="checkbox"/> PFTs <input type="checkbox"/> Histiocytosis <input type="checkbox"/> Hepatic Dysfunction <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> PapSmear <input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Sjogren <input type="checkbox"/> Prior Intubations <input type="checkbox"/> PAH <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Inflam bowel disease <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Sleep Study <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Malignancy <input type="checkbox"/> Thrombotic Disease <input type="checkbox"/> Steroid use <input type="checkbox"/> Wegener's <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP	
	<b>Vaccines</b> <input type="checkbox"/> Flu <input type="checkbox"/> Pneumo <input type="checkbox"/> BCG <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Varicella	

# Pleural Effusion Evaluation

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Prior Diagnostic Data	Exam																																																																																																																																																
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<ul style="list-style-type: none"> <li><input type="checkbox"/> CXR (PA, lateral, lateral decubitus)</li> <li><input type="checkbox"/> CT of chest (PE protocol if PE suspected)</li> <li><input type="checkbox"/> PET scan</li> <li><input type="checkbox"/> MRI</li> <li><input type="checkbox"/> Thoracentesis</li> <li><input type="checkbox"/> Pleural fluid                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Glucose</li> <li><input type="checkbox"/> LDH, include serum level</li> <li><input type="checkbox"/> pH</li> <li><input type="checkbox"/> Protein, include serum level</li> </ul> </li> <li><input type="checkbox"/> Cell count with differential (all suspected exudates)</li> <li><input type="checkbox"/> Cultures: bacterial, fungal, AFB (all suspected exudates)</li> <li><input type="checkbox"/> Cytology (suspected exudates)</li> <li><input type="checkbox"/> Adenosine deaminase (for TB)</li> <li><input type="checkbox"/> Amylase (for suspected pancreatitis or ruptured esophagus)</li> <li><input type="checkbox"/> ANA, RF (for suspected autoimmune disease)</li> <li><input type="checkbox"/> Flow cytometry (for suspected lymphoma)</li> <li><input type="checkbox"/> Hematocrit (for bloody effusion)</li> <li><input type="checkbox"/> Pleural biopsy (for suspected TB or malignancy)</li> <li><input type="checkbox"/> Triglyceride, cholesterol levels (for suspected chylothorax or pseudochylothorax)</li> <li><input type="checkbox"/> Urea (for suspected urinorhax)</li> </ul> <p>Exudate if:                      Pleural:serum protein &gt;0.5                      Pleural:serum LDH &gt;0.45                      pleural LDH &gt;2/3 upper limit normal for serum                      If patient history of diuretic use:                      Serum -- pleural protein = &lt;3.1 g/dL suggests exudate                      Pleural LDH of &gt;1000 suggests empyema, malignancy, rheumatoid lung effusion or paragonimiasis</p>	<p>DDx includes, but is not limited to:                      Pulmonary embolism, Tuberculous pleurisy, Infection, hepatitis, esophageal rupture of any cause or recent sclerotherapy, malignancy, pancreatitis, congestive heart failure, renal failure, hemothorax, uremic pleurisy, sarcoidosis, post-cardiac injury syndrome or coronary artery bypass graft surgery, ARDS, lupus, rheumatoid pleurisy, MCTD, hypothyroidism, urinorhax, SVC obstruction, trapped lung, hypoalbuminemia, cirrhosis, atelectasis, pericarditis</p> <p style="background-color: #cccccc; padding: 2px;"><b>Imperative rule outs: PE and tuberculous pleurisy =&gt; results in increased morbidity if left undiagnosed</b></p>																																																																																																																																																
<p><b>Follow Up</b></p>	<p><b>Signature</b>                      cc</p> <p><input type="checkbox"/> Patient has completed advanced health care directives <input type="checkbox"/> 47 HCPOA is</p> <p><b>Code Status</b> <input type="checkbox"/> Patient is a FULL CODE <input type="checkbox"/> DO NOT ATTEMPT RESUSCITATION</p> <p><b>Data Reviewed:</b> <input type="checkbox"/> ER Notes <input type="checkbox"/> Chart <input type="checkbox"/> Nursing Notes/Vitals log <input type="checkbox"/> Labs <input type="checkbox"/> Radiology data <input type="checkbox"/> ECHO <input type="checkbox"/> ECG <input type="checkbox"/> Stress Test <input type="checkbox"/> PFT</p> <p><b>Care Coordinated with:</b> <input type="checkbox"/> HCPOA <input type="checkbox"/> PCP <input type="checkbox"/> Case Mgmt or SW <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing</p>																																																																																																																																																