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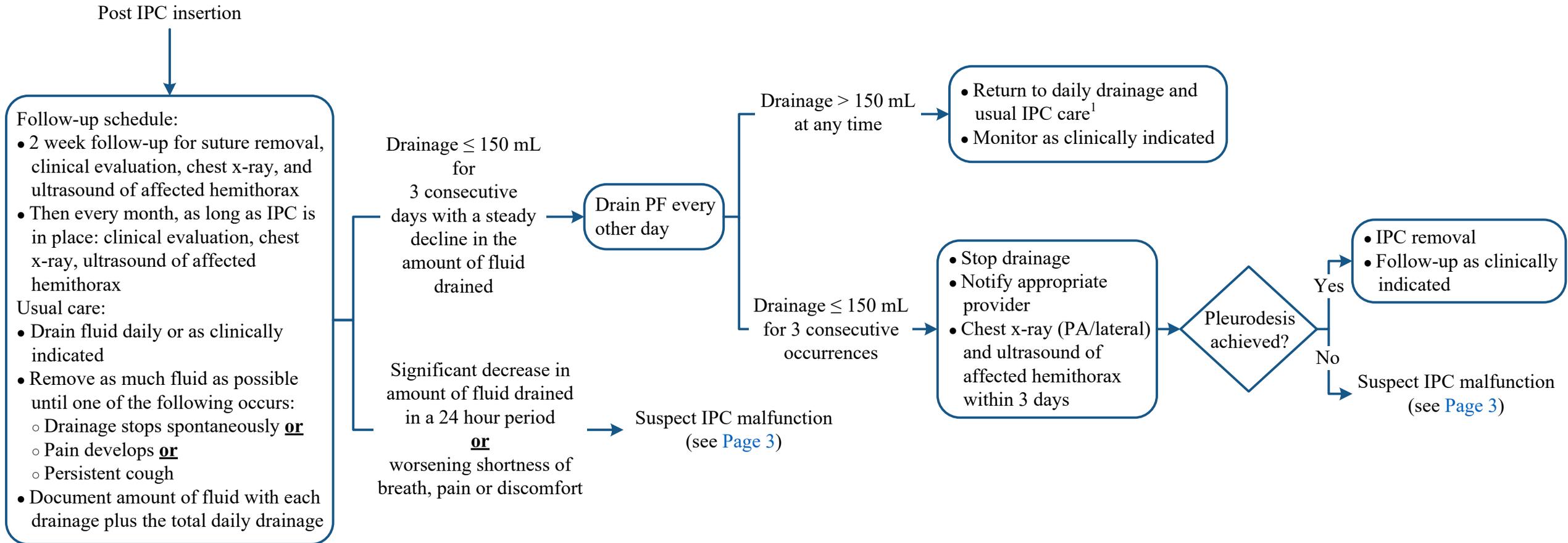
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IPC = intrapleural catheter

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## INITIAL ASSESSMENT

## EVALUATION AND MANAGEMENT



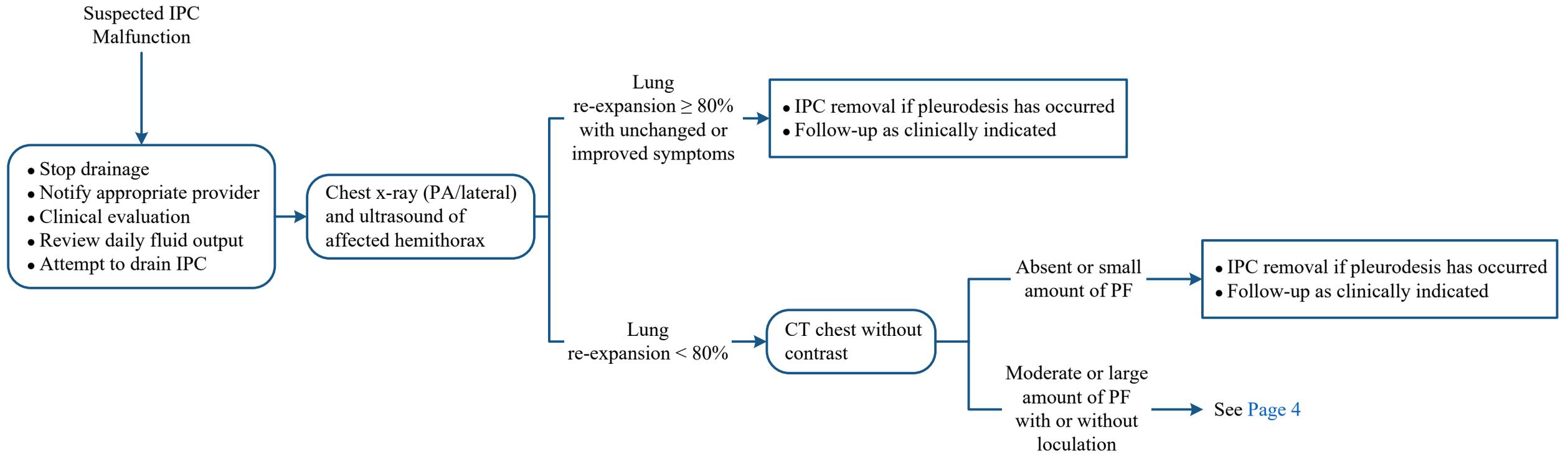
IPC = intrapleural catheter  
 PF = pleural fluid

<sup>1</sup> Refer to [Intrapleural Catheter Post Procedure Education: Pulmonary Medicine Patient](#)

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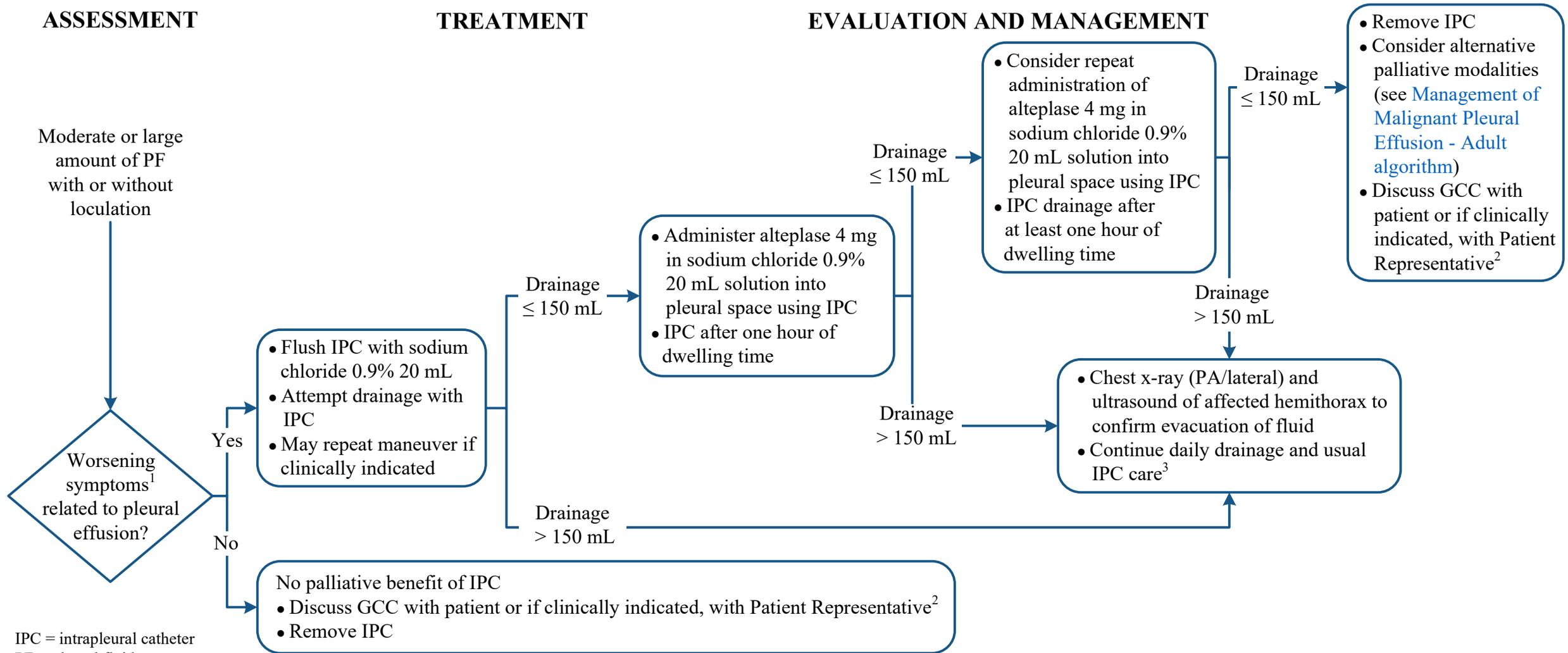
## INITIAL ASSESSMENT

## EVALUATION AND MANAGEMENT



IPC = intrapleural catheter  
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IPC = intrapleural catheter  
 PF = pleural fluid  
 rtPA = recombinant tissue plasminogen activators

<sup>1</sup> Symptoms may include dyspnea, chest pain/discomfort, or cough

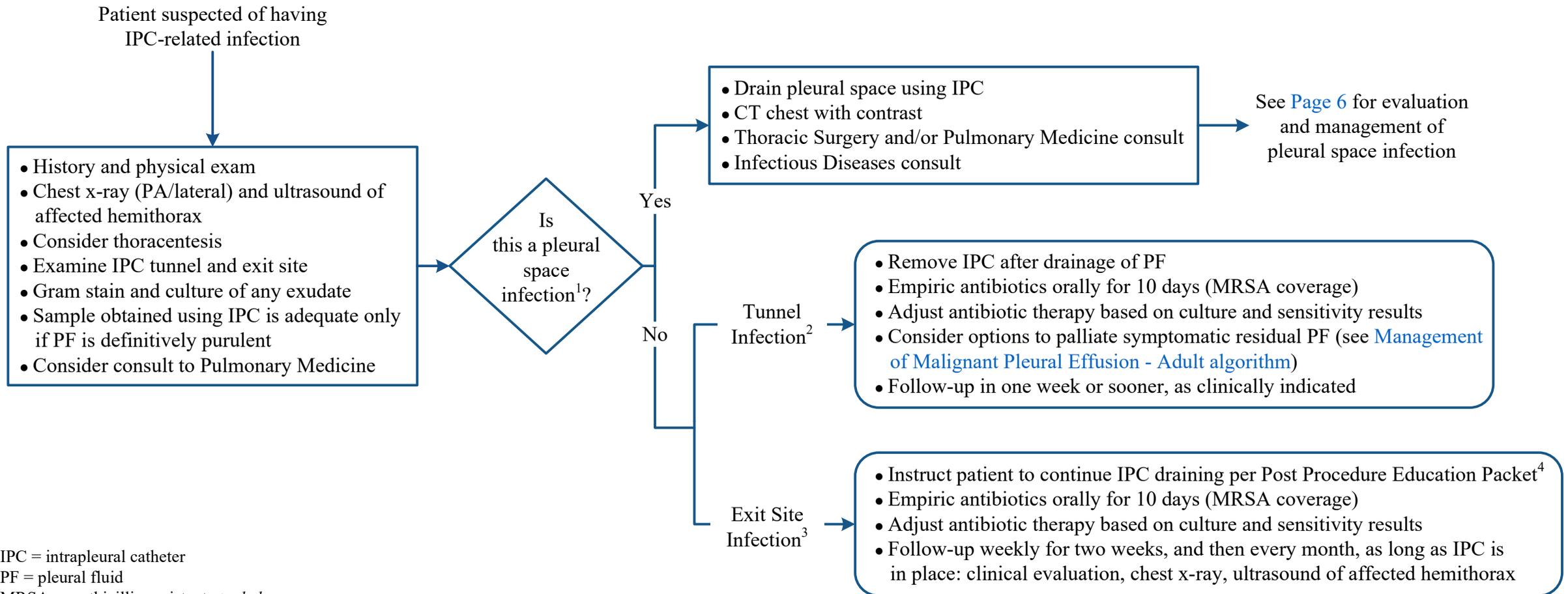
<sup>2</sup> Goal Concordant Care (GCC) should be initiated by the Primary Oncologist. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

<sup>3</sup> Refer to [Intrapleural Catheter Post Procedure Education: Pulmonary Medicine Patient](#)

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## INITIAL ASSESSMENT

## EVALUATION AND MANAGEMENT



IPC = intrapleural catheter

PF = pleural fluid

MRSA = methicillin-resistant *staphylococcus aureus*

<sup>1</sup> Purulent PF present or bacteria found on gram stain or cultures

<sup>2</sup> Erythema, tenderness and induration overlying tunnel tract, extending > 2 cm from exit site

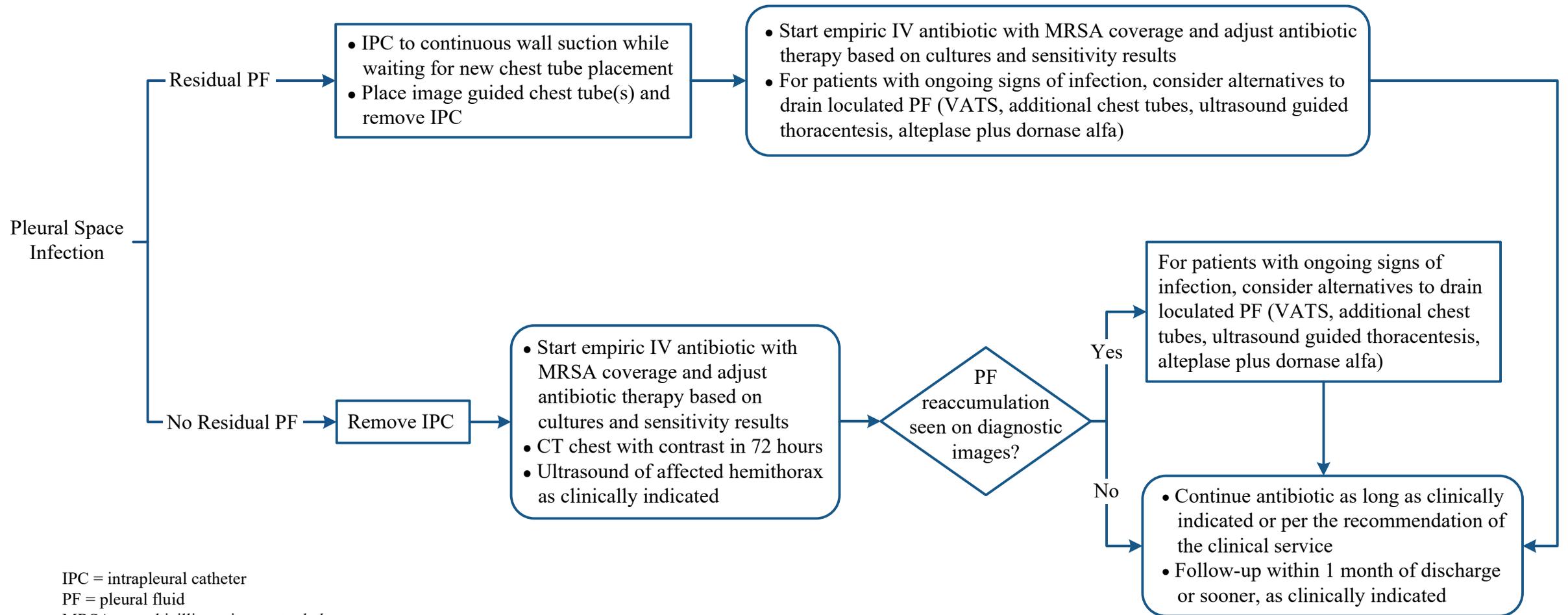
<sup>3</sup> Erythema, tenderness and induration only at the IPC exit site

<sup>4</sup> Refer to [Intrapleural Catheter Post Procedure Education: Pulmonary Medicine Patient](#)

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## EVALUATION

## MANAGEMENT AND FOLLOW-UP



IPC = intrapleural catheter  
 PF = pleural fluid  
 MRSA = methicillin-resistant *staphylococcus aureus*  
 VATS = video-assisted thoracoscopic surgery

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## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Pulmonary Department experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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