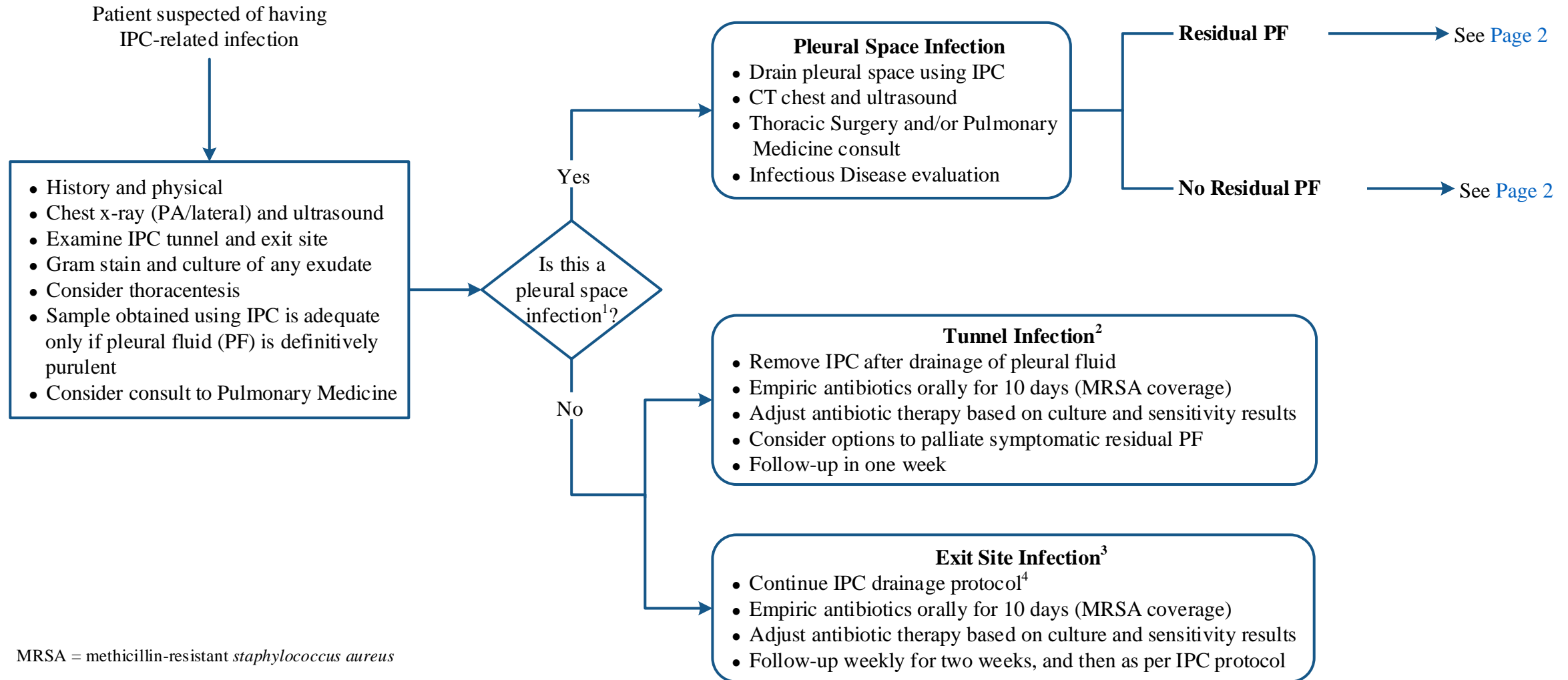


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

INITIAL ASSESSMENT

MANAGEMENT



MRSA = methicillin-resistant *staphylococcus aureus*

¹ Purulent pleural fluid present or bacteria found on gram stain or cultures

² Erythema, tenderness and induration overlying tunnel tract, extending greater than 2 cm from exit site

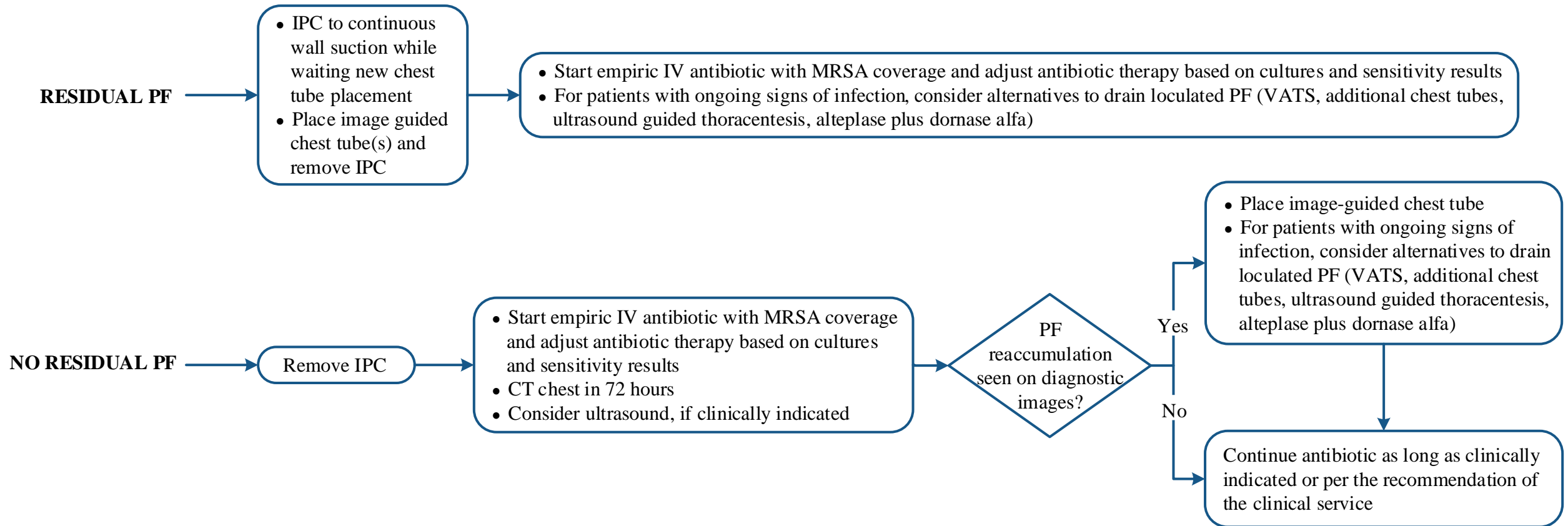
³ Erythema, tenderness and induration only at the IPC exit site

⁴ Refer to [Intrapleural Catheter Pulmonary Medicine Patients education form](#)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

PLEURAL SPACE INFECTION

MANAGEMENT



VATS = video-assisted thoracoscopic surgery

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

SUGGESTED READINGS

- Fysh, E., Tremblay, A., Feller-Kopman, D., Mishra, E., Slade, M., Garske, L., . . . Lee, Y. (2013). Clinical outcomes of indwelling pleural catheter-related pleural infections: An international multicenter study. *Chest*, *144*(5), 1597–1602. <https://doi.org/10.1378/chest.12-3103>
- Nie, W., Liu, Y., Ye, J., Shi, L., Shao, F., Ying, K., & Zhang, R. (2014). Efficacy of intrapleural instillation of fibrinolytics for treating pleural empyema and parapneumonic effusion: A meta-analysis of randomized control trials. *Clinical Respiratory Journal*, *8*(3), 281–291. <https://doi.org/10.1111/crj.12068>
- Rahman, N., Maskell, N., West, A., Teoh, R., Arnold, A., Mackinlay, C., . . . Davies, R. (2011). Intrapleural use of tissue plasminogen activator and DNase in pleural infection. *The New England Journal of Medicine*, *365*(6), 518–526. <https://doi.org/10.1056/NEJMoa1012740>

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.*

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:

Carissa C. Boney, BSN, RN, ANP (Pulmonary Medicine)
Saadia Faiz, MD (Pulmonary Medicine)
Clara S. Fowler, MLS (Research Medical Library)
Wendy Garcia, BS[♦]
Bruno P. Granwehr, MD (Infectious Disease)
Horiana B. Grosu, MD (Pulmonary Medicine)
Carlos A. Jimenez, MD (Pulmonary Medicine)[‡]
Amy Pai, PharmD, BCPS[♦]
Ariel D. Szvalb, MD (Infectious Disease)
Alda L. Tam, MD (Interventional Radiology)
Garrett L. Walsh, MD (Thoracic & Cardiovasc Surgery)
Steven M. Yevich, MD (Interventional Radiology)

[‡] Core Development Team Lead

[♦] Clinical Effectiveness Development Team