

Thoracentesis Reference Page

The order sets are constructed to be practical and reflect proven standards care based on best available evidence and or preference/ opinion of physicians in the OSF System.

Level of Evidence = LOE

A = Randomized prospective controlled trials (control and intervention group and enrolled prior to measured outcome)

B = Nonrandomized prospective trials

C = retrospective analyses

E = Expert opinion, guideline, consensus statement, textbook summary, articles that summarize

M = Meta-analyses

Q = Economic analyses

Indications for doing a thoracentesis

(LOE = E) Pleural effusions- New England Journal of Medicine vol.346 (25) June 2002

Contraindications for doing a thoracentesis

(LOE = E) Sokolowski JW. Burgher LW. Jones FL. Patterson JR, Selecky PA. Guidelines for thoracentesis and needle biopsy of the pleura. AmRev Respir Dis 1989; 140: 257-8.

(LOE = M) Differentiate between exudate and transudate/ etiology of pleural fluid

Heffner JE. Brown LK. Barbieri CA. Diagnostic value of tests that discriminate between exudative and transudative pleural effusions. Chest 1997 Apr; 111 (4):970-80.

(LOE = B) Doyle JJ, Hnatiuk OW, torrington KG, Slade AR, Howard RS. Necessity of routine chest roentgenography after thoracentesis. Ann Intern Med 1996 May; 124 (9): 816-20.

(LOE = C) Capizzi SA, Prakash UB, Chest roentgenography after outpatient thoracentesis. Mayo Clin Proc 1998 Oct; 73(10): 948-50

(LOE = B) Snyder RW, Mishel HS, Bosse CG. Routine Chest radiography after thoracentesis. Ann Intern Med 1997 Mar 15; 126 (6): 491-2.

(LOE =B)Petersen Wg, Zimmerman R. Limited utility of chest radiograph after thoracentesis. Chest 2000 Apr; 117 (4): 1038-42