

PROTOCOL FOR INVESTIGATION OF PATIENTS WITH PLEURAL EFFUSION

Investigations on admission	DATE	RESULTS
Chest X Ray		
FBC		
BUSE		
Creatinine		
Ca,PO4		
LFT		
UFEME		
T4,TSH		
Serum amylase		
Mantoux		
Sputum AFB X 3		
Nebulised 3% saline to induce sputum AFB X 3 (if indicated) 1.5 mls 3% saline mixed with 8.5 mls water given via nebuliser		
ECHO (if clinically indicated)		
Connective tissue screening (if clinically indicated)		

Further Investigation

Pleural biopsy should be done routinely BEFORE aspirating pleural fluid for analysis if significant pleural effusion is present	
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Pleural Fluid for:	
FEME	
Biochemistry	
Culture & sensitivity	
AFB Direct Smear and AFB culture	
Cytology	
LDH	
pH	
Amylase	

Blood specimens to be taken at the same time

Total Protein	
RBS	
LDH	

Light's criteria

Pleural fluid protein : serum protein > 0.5	YES	NO
Pleural fluid LDH : serum LDH > 0.6	YES	NO
Pleural fluid LDH > 2/3 upper limit of blood LDH	YES	NO

Chest Tube insertion	DONE	NOT DONE
Ultrasound (if suspected loculation)	DONE	NOT DONE
CT Thorax (Please consult)	DONE	NOT DONE