

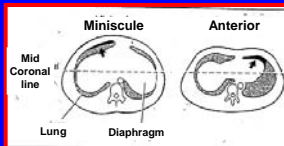
OPTICC Pilot Study

Occult PneumoThorax In Critical Care (OPTICC)

Questions – page
Kirkpatrick #2603

Include if-

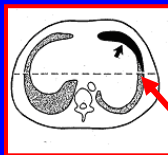
- Small or moderate sized OPTX
- Not in respiratory distress*
- No hemothorax which warrants drainage
- Admitted to Intensive Care Unit and being ventilated



Small or Medium

Exclude if-

- Treating physicians feel patient needs a chest tube for safety
- Obvious pneumothorax seen on CXR
- "Large" OPTX (see diagram to right)
- Not ventilated
- Hemothorax needs drained
- Chest tube or other drain already in



Exclude if OPTX extends posterior to mid-coronal line

Large!

Randomize if Eligible

Sealed envelopes at ICU Main Desk

Chest tube group

(chest tube, pigtail, angiocath at physicians discretion)

Control (non-chest tube group)

Please

- Do not open envelope unless eligible
- Affix patient label sticker to Enrollment book

Outcomes

*Respiratory Distress

Requirement for chest tube

Secondary outcomes (days ventilation, VAP, IAP, tracheostomy, hospital stay, etc)

Please

- If a patient needs a chest tube – document why you thought this
- Provide the best care you feel is required irregardless of the study

* – "respiratory distress" means any discomfort on the part of the treating physician (no need to apologize about putting a chest tube in if attending physician feels it is required clinically)

* unexplained need for an acute rise in the FIO₂

* increased work of breathing, use of accessory muscles, hypoxemia, hypercarbia, etc