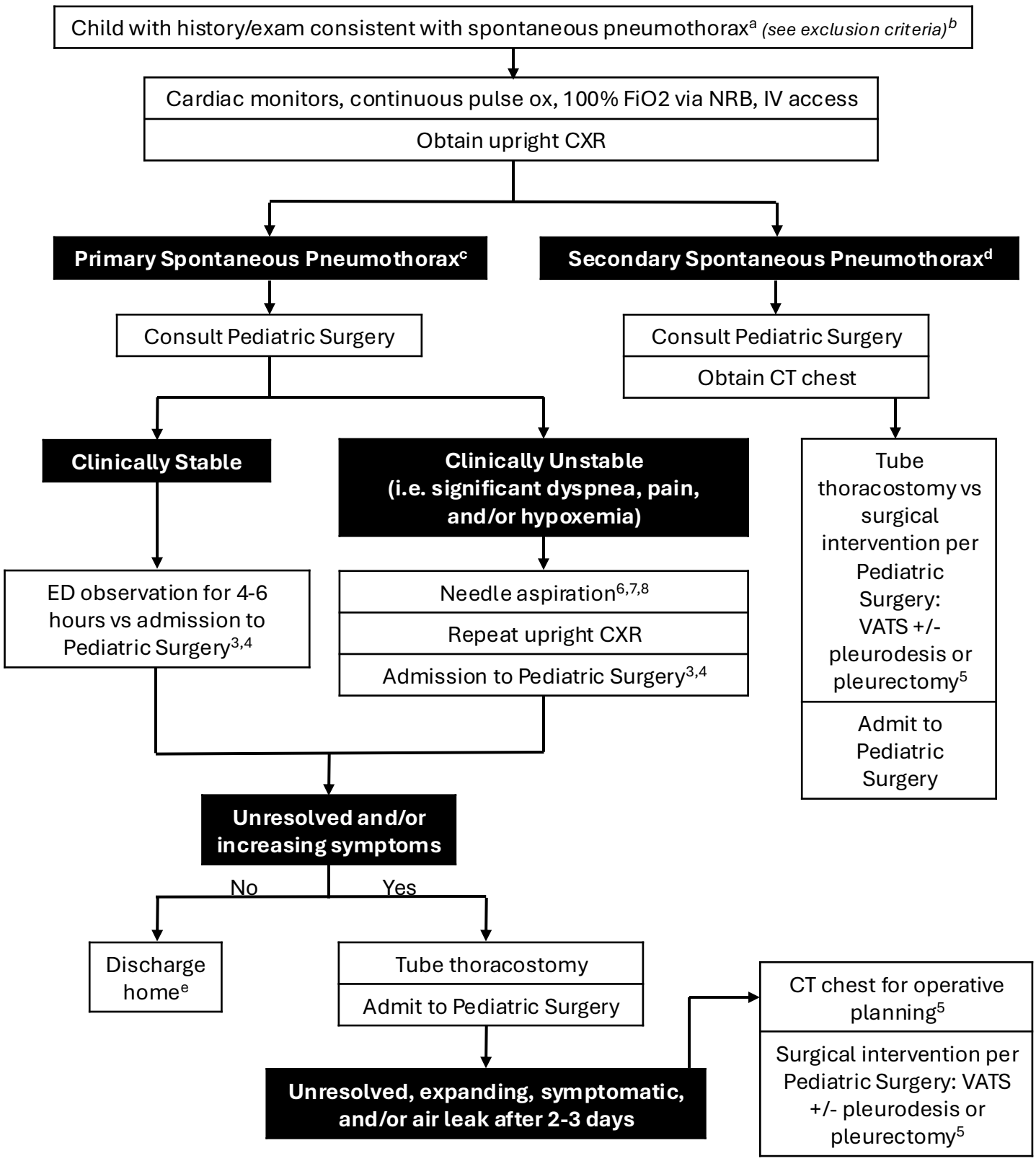
Pediatric Spontaneous Pneumothorax Management Guideline



Last Edited: October 2025
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Footnotes:

a. Typical historical presentation of spontaneous pneumothorax includes sudden onset of dyspnea and pleuritic chest pain, ipsilateral chest pain. Typical clinical exam findings include tachypnea, increased work of breathing, ipsilateral decreased breath sounds, ipsilateral decreased chest excursion.[1,2]

b. Exclusion Criteria: age < 60 days or > 18 years, traumatic pneumothorax, tension physiology (signs include hypoxia, tachypnea, ipsilateral chest pain, unilateral diminished or absent breath sounds, subcutaneous air, leading to tracheal deviation and hypotension)[1,2,] recurrent pneumothorax

c. Primary Spontaneous Pneumothorax is diagnosed when a thorough investigation reveals no underlying lung disease that would predispose the individual to air leak.[1,2]

d. Secondary Spontaneous Pneumothorax occurs as a complication of underlying lung disease, such as asthma, cystic fibrosis, necrotizing pneumonia, and interstitial lung disease.[1,2]

e. Discharge criteria: pain controlled, maintaining normal O2 saturations off supplemental O2, ambulating without dsypnea

References:

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