SELF ASSESSMENT - MODULE E: PLEURAL DISEASE

- 1. Define a pleural effusion: **ACCUMULATION OF FLUID IN THE INTRAPLEURAL SPACE.**
- 2. Name two categories of pleural effusions:
 - A. TRANSUDATES
 - B. **EXUDATES**
- 3. Which type is seen in Congestive Heart Failure/Pulmonary Edema? TRANSUDATIVE
- 4. What type of x-ray should be taken to evaluate a pleural effusion? **LATERAL DECUBITIS**
- 5. What x-ray findings would indicate a pleural effusion?
 - A. BLUNTING OF COSTOPHRENIC ANGLE.
 - B. PLEURAL MENISCUS SIGN.
 - C. MEDIASTINAL SHIFT AWAY FROM AFFECTED SIDE.
 - D. DEPRESSED DIAPHRAGM.
 - E. A MINIMUM OF 200 300 ML OF FLUID IS NECESSARY TO SEE A PLEURAL EFFUSION IN AN UPRIGHT FILM.
 - F. LATERAL DECUBITUS FILM CAN PICK UP SMALLER AMOUNTS OF FLUID (AS LITTLE AS 5CC OF FLUID).
 - G. ATELECTASIS
- 6. What type of percussion note would be heard with pleural effusion? **DULL**
- 7. What would your findings be when assessing for tactile and vocal fremitus? INCREASED
- 8. What type of ABG would you see? MILD DISEASE:
- 9. Which way would the mediastinum be shifted in a pleural effusion? **AWAY FROM THE AFFECTED SIDE**
- 10. What is the treatment of pleural effusions?
 - A. THORACENTESIS
 - B. CHEST TUBE
- 11. Name two types of pleural effusions.
 - A. TRANSDATE
 - B. **EXUDATE**
- 12. Effusions that occur as a result of inflammation and infection are called
 - A. Transudates
 - B. Exudates

- 13. Mesotheliomas often result in exudative pleural effusions. Name a two-causes of mesotheliomas.
 - A. ASBESTOS INHALATION
- 14. A serosanguineous pleural effusion is also called a **HEMOTHORAX**.
- 15. Large pleural effusions shift the mediastinum (towards/away from) the affected side.
- 16. How is suction controlled in the suction chamber of a chest tube drainage system. THE SUCTION LEVEL IS REGULATED BY THE DEPTH OF THE CENTER TUBE IN THE SUCTION CONTROL BOTTLE.
- 17. Exudates have a protein content greater than 3 gm/dL and a pH of less than 7.3.
- 18. The most common transudative pleural effusion is caused from CHF (LEFT HEART FAILURE).
- 19. An empyema is also called a **PYOTHORAX** and is described as **AN ACCUMULATION OF PUS IN THE PLEURAL CAVITY**.
- 20. Large pleural effusions are classified as _____ diseases
 - A. Obstructive
 - B. Restrictive
- 21. A pleural meniscus sign on chest x-ray is often indicative of **PLEURAL EFFUSION**.
- 22. Which type of x-ray is better at detecting small pleural effusions?
 - A. AP
 - B. PA
 - C. Lateral neck
 - D. Apical lordotic
 - E. lateral decubitus
- 23. Withdrawing too much pleural fluid, too fast can result in **RE-EXPANSION PULMONARY EDEMA**.
- 24. A high amylase concentration in the pleural fluid suggests **EMPYEMA**.
- 25. If a patient complains of pain in the shoulder after a pleural effusion, what happened? **NEEDLE IS PIERCING THE DIAPHRAGMATIC PLEURA**

- 26. What are the treatment options for pleural effusions?
 - A. **OXYGEN THERAPY**
 - B. THORACENTESIS
 - C. CHEST TUBE
 - D. **PLEURODESIS**
 - E. ANTIBIOTICS
 - F. HYPERINFLATION PROTOCOL
- 27. Explain the difference between pleural effusions, pulmonary edema and pneumonia.
 - A. PLEURAL EFFUSION: ACCUMULATION OF FLUID IN THE INTRAPLEURAL SPACE.
 - B. PULMONARY EDEMA: ABNORMAL ACCUMULATION OF FLUID IN THE LUNGS
 - C. PNEUMONIA: AN ACUTE DISEASE MARKED BY INFLAMMATION OF THE LUNGS AND CAUSED BY VIRUSES, BACTERIA, OR OTHER MICROORGANISMS AND SOMETIMES BY PHYSICAL AND CHEMICAL IRRITANTS.
- 28. Name the two three basic components of a chest tube drainage system.
 - A. DRAINAGE CHAMBER
 - B. WATER-SEAL CHAMBER
 - C. SUCTION CONTROL CHAMBER
- 29. Define Pleurodesis. CHEMICAL SCLEROSIS OF THE PLEURAL SPACE THROUGH THE CHEST TUBE AFTER REEXPANSION
- 30. A large hole in the pleura which results in a constant air leak, is difficult to treat and results in constant bubbling in the water seal is called **BRONCHOPLEURAL FISTULA**.