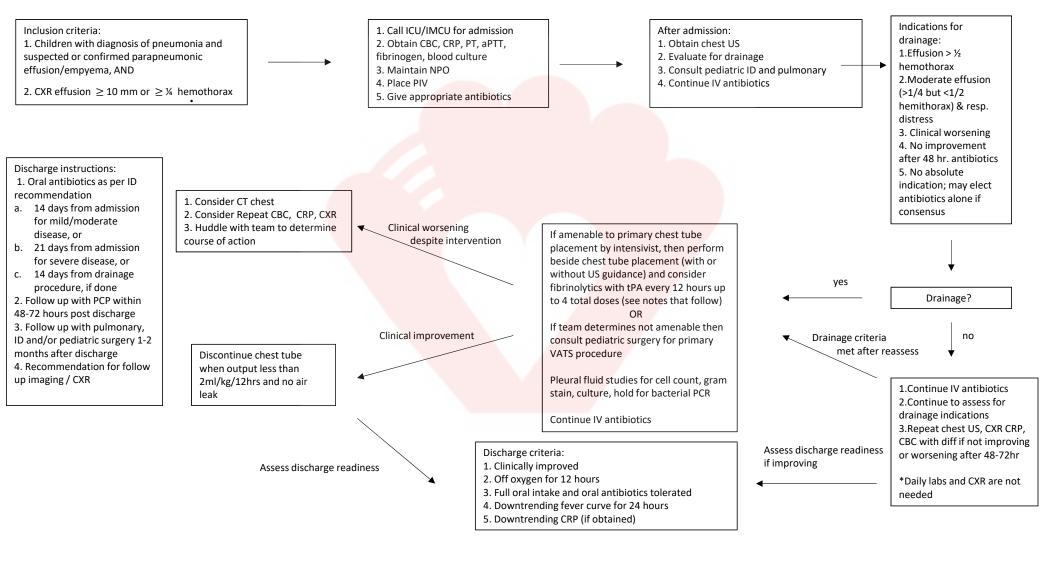
Empyema Pathway

Disclaimer: this document is meant to highlight an algorithm for patient management but is not a substitute for clinical judgement



Special considerations

- Consider use smallest bore chest tube possible to allow for patient comfort and effective drainage of pleural space (8-12 Fr as a suggested range)
- Consider use of intrapleural TPA 1 mg in 10 ml for children with Grade I US imaging (pleural echogenicity <50%) every 12 hours for 2-3 days
- Consider use of intrapleural TPA 2mg in 10 ml for children with Grade II US imaging (pleural echogenicity >50%) every 12 hours for 3-4 days
- Alternatively, consider use intrapleural TPA 0.1 mg/kg (max 4mg/dose) every 12 hours or intrapleural TPA 2 mg or 4mg empiric dosing every 12 hours for up to 4 doses

References

- 1. Seattle Children's Hospital Empyema Pathway v 1.0 located on April 8, 2019 at https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/clinical-standard-work/empyema-pathway.pdf.
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- 3. Redden MD, Chin TY, van Driel ML. Surgical versus non-surgical management for pleural empyema. Cochane Database Syst Rev 2017 (3).
- 4. Scarci M, Abah U, Solli P, et al. EACTS expert consensus statement for surgical management of pleural empyema. Eur J Cardiothorac Surg 2015; 48(5):642-653.
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- 7. Balfour-Lynn IM, Abrahamson E, Cohen G, Hartley J, et al. BTS guidelines for the management of pleural infection in children. Thorax 2005; 60 (Suppl I):i1-i21.
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- 12. James CA, Braswell LE, Pezeshkmehr AH, Roberson PK, et al. Stratifying fibrinolytic dosing in pediatric parapneumonic effusion based on ultrasound grade correlation. Pediatr Radiol 2017; 47:89-95.



New Pediatric Clinical Guideline Setup Checklist

Guideline Name: Complicated Pneumonia

Goal of Clinical Guideline:

Goal of	Clinical Guideline:		
	Does the proposed guideline meet the below four criteria?		
	The intervention is a structured multidisciplinary plan of care		
	The intervention is used to translate guidelines or evidence into local structures		
	The intervention details the steps in a course of treatment or care in a plan, pathway, algorithm, guideline, protocol or other 'inventory of actions' (i.e. the intervention had time-frames or criteria-based progression)		
	The intervention aims to standardize care for a specific population		
	(Lawal et al. What is a clinical pathway? Refinement of an operational definition to identify clinical pathway studies for a Cochrane systematic Review. BMC Medicine (2016) 14:35)		
CHECKLIS	ST		
	Physician (or an alternate author) submitting the clinical guideline must be able (directly or through virtual meeting) to attend Clinical Guidelines Meeting		
	All participants in the clinical guideline development should be listed and primary author identified		
	Participants who are submitting clinical guideline should sign off and include the division chief(s) from all involved specialties (for purposes of disseminating to entire division)		
	All clinical guidelines should include a disclaimer "this clinical guideline is intended as an evidence-based guide for clinical care and not as a replacement for clinical decision making"		
	Clinical guideline authors should submit an estimated revision schedule, i.e. every 3 years.		
	References must be included in the submission.		
	Authors of the guideline must identify 1-2 quality metrics that can be measured to gauge impact on care: LOS & Readmission		
Signature	of Contributing Pathway Develop	pers:	
Dept. Name		MD Developer Name	Signature
Critical Care		Jason Adler	
Pulmonology		Carolina Miranda	Carolina Miranda
Surgery		Jill Whitehouse	
Infectious Disease		Pilar Gutierrez	Maria Pilar Jutierrez
Date	9/8/2020		-00

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