HEMOTHORAX IN STABLE PATIENTS
PRACTICE MANAGEMENT GUIDELINE

**Chest x-ray demonstrating**

**Acute (<72 hours)**
- Place appropriate size chest tube
- Consider peri-procedure antibiotics

**Output > 1 L:** notify attending immediately
**Output < 1 L:** place chest tube on suction and order follow up CXR

**CXR at 24 hours:** retained hemothorax?*

**YES**
- Obtain CT scan of the chest without IV contrast

**CT consistent with retained hemothorax, consider:**
- VATS
- IR placed second tube thoracostomy
- Fibrinolytic therapy
- Thoracotomy (if failed other therapies or evidence of empyema)

**NO**
- Hemorthorax remains despite intervention >72 hours: proceed with subacute treatment at **

**Subacute (>72 hours)**
- Place appropriate size chest tube
- Consider peri-procedure antibiotics
- Send fluid for analysis and culture

**CXR at 24 hours:** retained hemothorax?*

**YES**
- Obtain CT scan of the chest without IV contrast

**NO**
- Follow Chest Tube Management Guidelines

**Fibrinolytic Therapy at WVU**

Order (Q12 hours x 72 hours):
1. Alteplase (activase) 10 mg in NS 40 mL for chest tube instillation
2. Dornase alfa (pulmozyme) 5 mg in SW 35 mL for chest tube instillation
3. Draw up 50 mL sterile saline for injection

Provider must instill solutions in a sterile fashion into the chest tube. Clamp after instillation. Encourage patient mobility. Unclamp after 4 hours.

Therapy should be continued every 12 hours until resolution or up to 72 hours. Repeat imaging is warranted if there is evidence of retained hemothorax after 72 hours.

* Clinically significant retained hemothorax is estimated volume >300 mL, or any volume detectible


Kimbrel et al. Intrapleural Thrombolysis for the Management of Undrained Traumatic Hemothorax: A Prospective Observational Study. *J Trauma.* 2007 May;62(5):1175-8 - 92% success with tpa but took avg 3.4 +/- 1.4 days