

Pneumothorax Statements and Panel Ratings			
Statements	Median	IQR	Consensus
The patient with small PTX, but clinically stable, may be observed in the outpatient setting.	7	5.5–8	Good
The patient with large PTX should always be admitted to the hospital.	9	9–9	Very Good
The patient with small PTX, but clinically stable, should always have chest tube drainage.	1	1–2	Very Good
The patient with small PTX, but clinically unstable, should always have chest tube drainage.	8	5.5–9	Good
The patient with large PTX, but clinically stable, should always have chest tube drainage.	9	7–9	Good
The patient with large PTX, but clinically unstable, should always have chest tube drainage.	9	9–9	Very Good
The patient with a first small PTX should always undergo pleurodesis to prevent recurrence.	0.5	0–2	Good
The patient with a first large PTX should always undergo pleurodesis to prevent recurrence.	1	0–2	Very Good
The patient with recurrent ipsilateral small PTX should always undergo pleurodesis to prevent recurrence.	6	3–7	Good
The patient with recurrent ipsilateral large PTX should always undergo pleurodesis to prevent recurrence.	8	6.25–9	Good
For the patient with PTX who is undergoing pleurodesis the preferred method is surgical pleurodesis.	8	8–8.5	Very Good
The patient with PTX should always be treated with antibiotics.	4.4	2–8	None
For the patient with small PTX and using BiPAP as a chronic therapy, the BiPAP should be discontinued as long as the PTX is present.	8	5–9	Good
For the patient with large PTX and using BiPAP as a chronic therapy, the BiPAP should be discontinued as long as the PTX is present.	8	6–9	Good
The patient with small PTX should not fly on a plane for 2 weeks after it has resolved.	9	8–10	Good
The patient with large PTX should not fly on a plane for 2 weeks after it has resolved.	9	8–9	Very Good
The patient with small PTX should not lift weights for 2 weeks after it has resolved.	7	5.75–9	Good
The patient with large PTX should not lift weights for 2 weeks after it has resolved.	8	6–9	Good

## Pneumothorax Statements and Panel Ratings – *continued*

Statements	Median	IQR	Consensus
The patient with small PTX should not perform vigorous aerobic exercise for 2 weeks after it has resolved.	4	2–6	Some
The patient with large PTX should not perform vigorous aerobic exercise for 2 weeks after it has resolved.	6.5	6–8.75	Some
The patient with small PTX should not perform spirometry for 2 weeks after it has resolved.	9	6–9	Good
The patient with large PTX should not perform spirometry for 2 weeks after it has resolved.	9	8–9	Very Good
The patient with small PTX and severe lung disease should always be referred for lung transplant evaluation.	2	0–5	Some
The patient with large PTX and severe lung disease should always be referred for lung transplant evaluation.	3	1–7	None
The patient with recurrent PTX and severe lung disease (FEV <sub>1</sub> < 40% predicted) should always be referred for a lung transplantation evaluation.	5	2–8	None

IQR: interquartile range; PTX: pneumothorax; BiPAP: bi-level positive airway pressure; FEV<sub>1</sub>: forced expiratory lung volume at 1 second