PleurX® & Rocket Indwelling Pleural Catheter Drainage Schedule & Patient Instructions

Please drain fluid through the catheter daily or every other day using a one liter bottle. You should drain fluid until there is no more fluid coming out or you develop chest pain or persistent cough. You should drain no more than 1 liter (1000 cc) of fluid every day.

Instructions to All Patients:

Keep track of each of your catheter drainages using the attached diary. Complete all of the information in this diary unless the information does not apply to you, in which case you should enter N/A for Not Applicable. For the pain question, please enter a number from 0 to 10 describing any pain you had from your catheter drainage, where 0 equals No Pain and 10 equals the Worst Possible Pain. If you took any medicines for pain you had from your catheter drainage, please tell us what medicines you took and how much of those medicines you took in the Pain Med Details section. Finally, please tell us if you had any problems or complications from your catheter drainage and describe them in the Problem Details section. If you have any questions about your catheter drainage or completion of this diary, please talk with your physician.

If you drain <100ml of fluid from your catheter for two consecutive drainages, please call our office so we can see if the catheter needs to be flushed or removed.

Contact numbers:

Interventional Pulmonary office: 410-502-2533

Indwelling Pleural Catheter Drainage Diary

| Date | Time | Drainage Fluid Amount (mL) | Drainage Fluid Color | Any Pain? | Pain (0-10) | Meds for Pain? | Pain Med Details | Any Problems/ Complications? | Problem Details |
|------|------|----------------------------------|-------------------------|-----------|-------------|----------------|---------------------|---------------------------------|-----------------|
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |
| | | | | □Yes □No | | □Yes □No | | □Yes □No | |