The Diagnosis and Management of Pneumothorax – Multiple Choice Questions

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1) What causes a pneumothorax?
   a) An accumulation of pus in the thoracic cavity  
   b) An accumulation of fluid in the thoracic cavity
   c) An accumulation of air in the thoracic cavity
   d) An accumulation of blood in the thoracic cavity

2) What can cause a closed pneumothorax?
   a) Gun shot  
   b) Blunt trauma 
   c) Thoracocentesis  
   d) Bite wound

3) What pattern of breathing may indicate the presence of a pneumothorax?
   a) Slow and regular breathing  
   b) Rapid and shallow breathing
   c) Rapid and deep breathing  
   d) Slow and deep breathing

4) What causes a tension pneumothorax?
   a) When air can enter into the pleural space but it cannot escape
   b) When air can enter into the pleural space and move freely 
   c) When air cannot enter into the pleural space
   d) When air cannot enter or escape from the pleural space

5) What may be heard on thoracic auscultation in a patient with a pneumothorax?
   a) Increased lung sounds as the patient struggles to breathe
   b) Increased heart sounds
   c) Decreased or absent lung sounds
   d) Absent heart sounds

6) What area of the skin should be surgically prepared for thoracocentesis?
   a) Between the 6th and 9th intercostal spaces  
   b) Between the first and last intercostal space that you can easily palpate
   c) Between the trachea and the 7th intercostal space
   d) Between the 4th and 5th intercostal space
7) Which of the following are potential complications of thoracocentesis?
   a) Anaemia
   b) Heart based tumours
   c) Lung laceration
   d) Kennel cough

8) When using a chest drain, why is it important not to apply excessive negative pressure?
   a) It may cause the chest drain to block
   b) It may dislodge the chest drain
   c) It may cause a pyothorax
   d) It may cause a lung injury

9) Which of the following is an indication for a continuous suction unit to be used with a chest drain?
   a) If the patient has chewed the last chest drain and pulled it out
   b) If air continues to accumulate rapidly after the placement of a chest drain
   c) If air removal has slowed down
   d) If the patient is critically unstable

10) In a patient with a pneumothorax, what is the function of using blood gas analysis?
    a) To monitor the level of infection in the blood
    b) To monitor if the chest drain is in the correct position
    c) To monitor the pulmonary function and acid base
    d) To monitor the patients level of pain

11) When should the chest drain be removed?
    a) 12 – 24 hours after no further accumulation of air in the drain
    b) A chest drain must only stay in a patient for 24 hours
    c) 48 hours after no further accumulation of air in the drain
    d) As soon as air stops draining

12) How often should a set of observations be recorded on a patient with pneumothorax?
    a) Every 6 hours
    b) Every 4 hours
    c) Every hour
    d) Every 12 hours