





# Metrics

1. Decrease duration of Pleural Alteplase (tPA) therapy from \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_
2. Decrease length of stay for patients requiring chest tube placement for parapneumonic effusion from \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_
3. Surgery consulted for patients with pneumothorax – yes/no? Prior to intervention?
4. Correct timing of chest CT when indicated (after 3 days) – BPA build to notify provider that this needs to be ordered.

## Contributing Members

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## References

Feola GP, Hogan MJ, Baskin KM, Cahill AM, Connolly BL, Crowley JJ, et al. Quality Improvement Standards for the Treatment of Pediatric Empyema. *Journal of Vascular and Interventional Radiology*. 2018;29(10):1415-22.

James CA, Braswell LE, Pezeshkmehr AH, Roberson PK, Parks JA, Moore MB. Stratifying fibrinolytic dosing in pediatric parapneumonic effusion based on ultrasound grade correlation. *Pediatr Radiol*. 2017;47(1):89-95.