

# Pleural Procedures Coding Proforma

Addressograph Label

## Tick all co-morbidities that are present:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Abnormal LFTs           | <input type="checkbox"/> Dementia        | <input type="checkbox"/> Heart failure           | <input type="checkbox"/> Psychosis            |
| <input type="checkbox"/> Alcohol Abuse           | <input type="checkbox"/> Depression      | <input type="checkbox"/> Hemiplegia              | <input type="checkbox"/> Respiratory failure  |
| <input type="checkbox"/> Anticoagulant therapy   | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Hypertension            | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Dysphagia       | <input type="checkbox"/> Ischaemic heart disease | <input type="checkbox"/> Self-harm            |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Dysphasia       | <input type="checkbox"/> Jaundice                | <input type="checkbox"/> Smoker               |
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Learning disability     | <input type="checkbox"/> Substance abuse      |
| <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Emphysema       | <input type="checkbox"/> Lives alone             | <input type="checkbox"/> Urinary retention    |
| <input type="checkbox"/> Chronic bronchitis      | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Mitral valve disease    | <input type="checkbox"/> Visual impairment    |
| <input type="checkbox"/> Chronic kidney disease  | <input type="checkbox"/> Falls           | <input type="checkbox"/> Multiple sclerosis      | <input type="checkbox"/> None                 |
| <input type="checkbox"/> COPD                    | <input type="checkbox"/> Hearing loss    | <input type="checkbox"/> Pacemaker               |   |

## Other significant co-morbidities - please be as detailed as possible

## Step 1: Did this patient undergo a thoracic ultrasound?

- |                              |         |
|------------------------------|---------|
| <input type="checkbox"/> Yes | Y53.2   |
| <input type="checkbox"/> No  | No code |

**Step 2: What pleural procedures were performed (tick all that apply)?**

- |   |       |
|---|-------|
| <input type="checkbox"/> Drainage of pleural cavity                   | T12.2 |
| <input type="checkbox"/> Pleural aspiration                           | T12.3 |
| <input type="checkbox"/> Percutaneous pleural biopsy                  | T14.1 |
| <input type="checkbox"/> Removal of Indwelling Pleural Catheter (IPC) | T12.5 |

**Step 3: If a Thoracoscopy has been performed please select one of the options below:**

- |  |              |
|--|--------------|
| <input type="checkbox"/> Thoracoscopy plus pleural biopsy, nil else            | T11.1        |
| <input type="checkbox"/> Thoracoscopy plus talc pleurodesis, nil else          | T10.2        |
| <input type="checkbox"/> Thoracoscopy plus pleural biopsy and talc pleurodesis | T10.2, Y20.3 |
| <input type="checkbox"/> Thoracoscopy (NO pleural biopsy, NO talc pleurodesis) | T11.9        |

**Step 4: Please provide LATERALITY**

- |                                |       |
|--------------------------------|-------|
| <input type="checkbox"/> Right | Z94.2 |
| <input type="checkbox"/> Left  | Z94.3 |

**Step 5: Provide the outcome following pleural procedure (choose one option)**

- |   |
|---|
| <input type="checkbox"/> Daycase procedure - discharged                                     |
| <input type="checkbox"/> Current inpatient - return to ward                                 |
| <input type="checkbox"/> Admit - procedure performed requires admission as standard of care |
| <input type="checkbox"/> Admit - lack of social support to monitor after procedure          |
| <input type="checkbox"/> Admit - complication requiring admission                           |
| <input type="checkbox"/> CNXU not to be relisted  |
| <input type="checkbox"/> CNXP not to be relisted  |
| <input type="checkbox"/> CNXU to be relisted  |
| <input type="checkbox"/> CNXP to be relisted  |