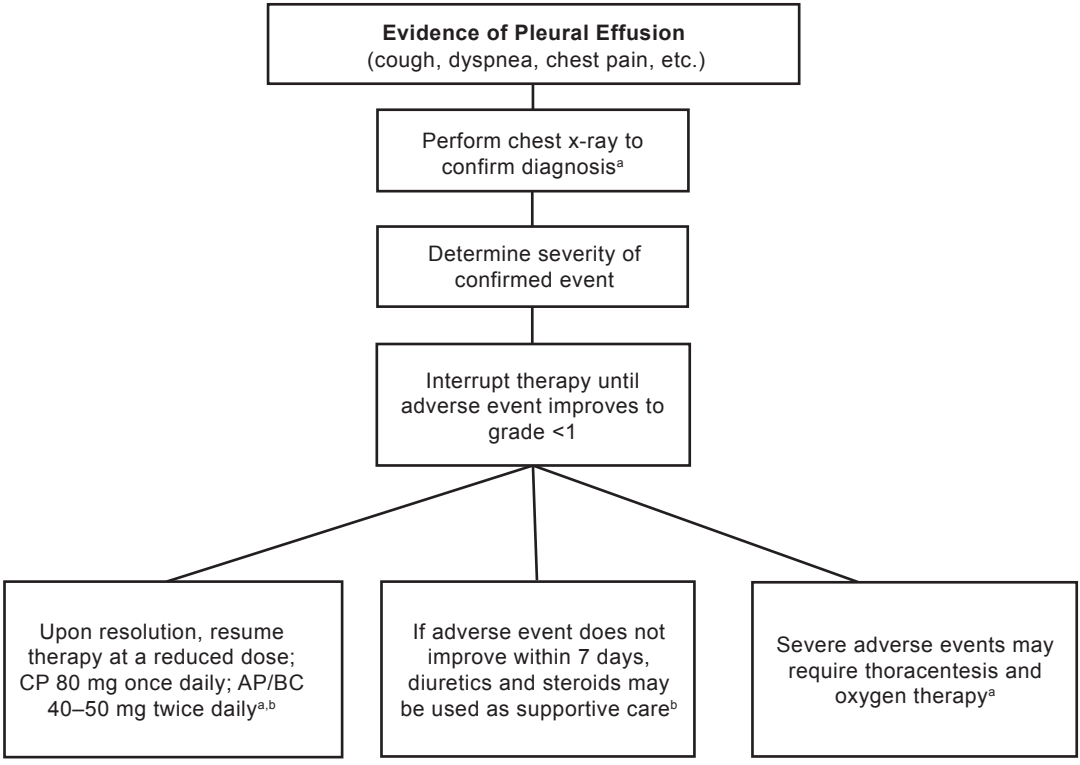
Evidence of Pleural Effusion
(cough, dyspnea, chest pain, etc.)
Perform chest x-ray to confirm diagnosis[a]
Determine severity of confirmed event
Interrupt therapy until adverse event improves to grade <1
Upon resolution, resume therapy at a reduced dose; CP 80 mg once daily; AP/BC 40–50 mg twice daily[a,b]
If adverse event does not improve within 7 days, diuretics and steroids may be used as supportive care[b]
Severe adverse events may require thoracentesis and oxygen therapy[a]