CHEST TUBE MANAGEMENT

POLICY:

Drainage of the thoracic cavity by way of a chest tube shall be initiated by a physician and shall be managed and monitored by nursing staff.

PURPOSE:

To guide hospital staff in care and management of patients with chest tubes for thoracic drainage.

SPECIAL INFORMATION:

1. Procedural consent is required prior to start of procedure.
2. Universal precautions will be observed when assisting with insertion or changing drainage system.
3. Pre and post procedural vitals will be documented as per invasive procedure recommendations.
4. Disposal drainage collection device setup varies by manufacturer. See manufacturer’s package insert for setup instructions.
5. Supplies needed in room during thoracic drainage:
   - 2 rubber tipped clamps
   - Sterile vaseline gauze
   - Sterile gauze dressings
   - Container of sterile H2O or saline
   - Thoracotomy cart
6. Caution visitors and staff to avoid touching equipment to prevent complications of separation of connections or tipping over device.
7. Avoid holding drainage system above level of chest.
8. Milking of chest tubes by nursing staff should be considered according to physician preference only.

SUPPORTIVE DATA:

Refer to specific manufacture’s instructions per package insert. For example: 2001 Atrium Medical Corporation Oasis package insert.

EQUIPMENT:

See Nursing Procedure 3rd Edition Springhouse Corporation pgs 488-497

EMERGENCY MANAGEMENT OF CHEST TUBE:

1. If the chest tube comes out:
   a) Cover the site immediately with 4x4 gauze pads and tape them in place.
   b) Stay with the patient.
   c) Monitor vital signs every 10-15 minutes. Observe for signs of tension pneumothorax (hypotension, distended neck veins, absent breath sounds, tracheal shift, by poxemia, weak and rapid pulse, dyspnea, toehypnea diaphoresis and chest pain).
2. If a drainage system breaks or cracks or a tube disconnects:
   a) Clamp the chest tube momentarily (with the rubber tipped clamp) as close to the insertion site as possible.
   b) Observe the patient for signs of pneumothorax while the clamp in place.
3. Petroleum gauze may be wrapped around the tube at the insertion sight to make an airtight seal.
4. Notify the physician of situation.

PROCEDURE:

See Nursing Procedure 3rd Edition Springhouse Corporation 2000 Section “Chest tube insertion” and “Thoracic Drainage” pgs 488-492

DOCUMENTATION:

1. Observation data and interventions done on behalf of patient are to be documented on concurrent nurses notes.
3. Intake and output data relative to chest tube in CPSI.

REFERENCE:

Nursing Procedures 3rd Edition Springhouse Corporation 2000 pgs 488-492
Atrium Medical Corporation

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