THORACENTESIS

POLICY STATEMENT:

This procedure is performed by the Physician, with assistance from the RN.

PURPOSE:

Removal of an accumulation of fluid from pleural cavity by aspiration to gain relief from complications of pressure and for diagnostic purposes.

SPECIAL INFORMATION:

1. Permit must be signed.
2. Check two forms of patient identification prior to procedure.
3. Strict aseptic technique must be maintained to minimize the danger of infection.
4. The patient should be placed in one of the following positions according to the doctor's preference in order to insure adequate widening of the intercostal space:
   A. Lying on unaffected side near edge of bed with a small pillow under the thorax and the arm on the affected side placed above the head.
   B. Sitting on the side of the bed with the feet on a stool or chair and the head resting on pillows on the over bed table, with arms extended over table.
5. The patient must be instructed not to cough or move suddenly during the procedure.
6. The patient must be closely observed during the procedure and the doctor informed immediately if signs of syncope, pallor, coughing, pain, or increased respiratory and/or increased pulse rate occur.
7. Assess patient for comfort level prior to procedure. Consider pre-medication. Assess for comfort during and after procedure and intervene as is appropriate.
8. The patient must be instructed to rest for a few hours after the procedure and must be closely observed during this period for any unfavorable reaction.

EQUIPMENT LIST:

1. Thoracentesis tray from C.S.S. which includes:
   - Sterile gloves
   - Vac-containers for fluid
   - Thoracentesis tubing
   - Betadine solution
   - Xylocaine
   - Heparin 10,000 u/ml

   3 red tops (No heparin)
   4 green tops (Heparin)
   Disposable tray
   18 X 3 1/2 spinal needle

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<td>1. Explain procedure to patient.</td>
<td>1. Prepare patient psychologically as well as physically.</td>
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2. Obtain baseline vital signs.
3. Provide for privacy.
4. Assist patient to proper position and drape patient using bath blanket.
5. Wash hands.
6. Put gloves in convenient place for Dr. open tray and assist doctor as needed.
7. Observe safety measures if patient is weak or confused.
8. Wash hands.
9. Assist patient to proper position and drape patient using bath blanket.
10. Add 1 cc Heparin 1:10,000 to vacuum bottle.
11. Using betadine swab cleanse top of red tube labeled “culture-sterile.” Insert distal end with needle into tube. Fill tube completely.
12. Fill all remaining labeled tubes in same manner. (Betadine unnecessary)
13. Insert distal needle into vacuum bottle to collect remain fluid.
15. Dispose of tray in red biohazard bags, using universal precautions. Place glass from xilocaine & syringes in sharps box.
16. Place filled bottles in dirty utility room and notify environmental services for disposal.
18. Prepare patient for chest X-ray.
19. Continue to monitor patient for pneumothorax.

DOCUMENTATION:

Chart the time, procedure done, by whom, and how tolerated by the patient. Also, the color, character and amount of fluid obtained and when specimen is sent to the lab.

REFERENCE: