

DISTRICT ONE HOSPITAL POLICY & PROCEDURE	
NAME OF COMPENDIUM: PATIENT CARE POLICY & PROCEDURE MANUA	NAME OF POLICY/SUBJECT: Chest Tube Insertion/ Management
APPROVED BY: Patient Care Policy Review Team	CATEGORY: General Patient Care NUMBER: B-13
OTHER MANUAL RESOURCES:	

PURPOSE

To provide for effective re-expansion of lungs by re-establishing negative pressure in the pleural cavity and removing air/fluids from the pleural cavity.

POLICY

Suction level is normally set at negative 20 cm H₂O, unless otherwise specified by physician.

EQUIPMENT NEEDED

1. Chest tube supplies found in the ED
 - Chest tubes/Trocar Catheters 16, 28 or 32 FR
 - Emergency chest tube insertion tray; packaged with scalpel, suture, and petrolatum dressing attached.
 - Disposable chest drainage unit or Heimlich valve (with Foley drainage bag if flying)
 - Banding gun and bands (Trauma B cupboard)
 - Alternative for a small pneumothorax – Pneumothorax Kit
2. Antiseptic skin prep – chlorhexadine swabs
3. Wall suction unit
4. Surgical connecting tubing
5. Sterile gloves
6. Xylocaine 1%

PROCEDURE

1. Set up disposable chest drainage unit per package instructions.
2. Conduct “time out” per hospital policy and document in patient record.
3. Scrub insertion area with chlorhexadine.
4. Assist physician with insertion (anesthetic, incision, tube placement, suture).
5. Connect tube to drainage system or valve. If two tubes are placed, use Y adaptor. Band all connections for inpatients. Banding gun is located in the Emergency Room.
6. Maintain drainage unit below tube insertion site.
7. Connect drainage unit to wall suction and set wall suction to greater than 80 mm Hg.
8. Apply sterile gauze dressing to tube insertion site.
9. Coil tubing and secure to bottom sheet allowing enough loop to let patient roll or sit up in bed.

10. Keep the Atrium chest drain instructions for reference or refer to Lippincott Manual for further information.
11. Sampling of drainage: follow instructions that are included in the package insert for aspiration of fluid
12. When unit is full or chest tube discontinued, place unit in infectious waste container.
13. Reassess every 4 hours and document:
 - a. Chest tube fluid output.
 - b. Confirm no bubbling in water seal chamber – if bubbling, assess for air leak.
 - c. Confirm water seal chamber at 2 cm. If not, add or remove fluid per Atrium instructions.
 - d. Confirm suction (red bellows past the white triangle).
 - e. Check insertion site dressing.

CHARTING

1. Record insertion in Clinical Care Station or on ED/OP Record with additional Nurses Notes as needed. Chart patient tolerance to procedure and plan of care.
2. Document reassessment/monitoring on the ED/ record or in CCS on the Daily Assessment tab under Respiratory Section 2.

CHARGING

Transfer stickers to patient's charge card for supplies used.

Adopted May 1974

Revised April 2012

Chief Operating Officer