CHEST TUBES

POLICY
A chest tube is inserted into the pleural space/mediastinum or both, to evacuate air, fluid or both, or to help regain negative pressure.

SCOPE
Those EMT-Ps that are currently recognized by the McHenry Western Lake County EMS System as a Tier II Critical Care ALS Transport paramedic.

PROCEDURE
General Care
1. Clean hands prior to and after care of the chest tube. Appropriate BSI
2. Assess the chest tube site and surrounding area for crepitus and air leaks.
3. Auscultate breath sounds and observe patient's respiratory status with transferring nurse present to determine patient's baseline.
4. Ensure chest tube is secured to the patient
5. Check chest tube connections; make sure all connections are taped.
7. Collection chamber should be below level of insertion site at all times
8. Ensure tubing is free of kinks
9. Stabilize additional lengths of tubing by looping it gently and securing it to the cot.
10. Note color and consistency of fluid in the collection chamber. Mark level.
11. Note whether the unit is connected to suction. NOTE: When disconnecting suction for any reason, disconnect the suction tubing from the drainage unit connection.
12. Assess the water-seal chamber for bubbling or reduced fluid levels.
13. Once patient is moved to transport cot. Secure drainage unit to cot.
14. Reestablish low continuous suction if ordered once in ambulance.
15. Monitor patient respiratory status, and chest tube throughout transport.
16. Document maintenance in the medical record. Include the amount, color and character of the drainage, the amount of the negative pressure, the chest tube fluctuation status, the insertion site and surrounding skin and respiratory assessment.

Tube Disconnected from Patient
1. Ask patient to maximally exhale or cough
2. Apply occlusive dressing, tape on three sides to create a flutter valve
3. Notify medical control and divert to the closest hospital immediately
4. Monitor for S & S of tension pneumothorax; if develops lift side of dressing to allow air to release, recover wound

Tube Disconnected from Drainage System
1. Immediately reconnect
2. Assess patient for signs of respiratory distress
3. Notify medical control immediately with assessment and for further orders