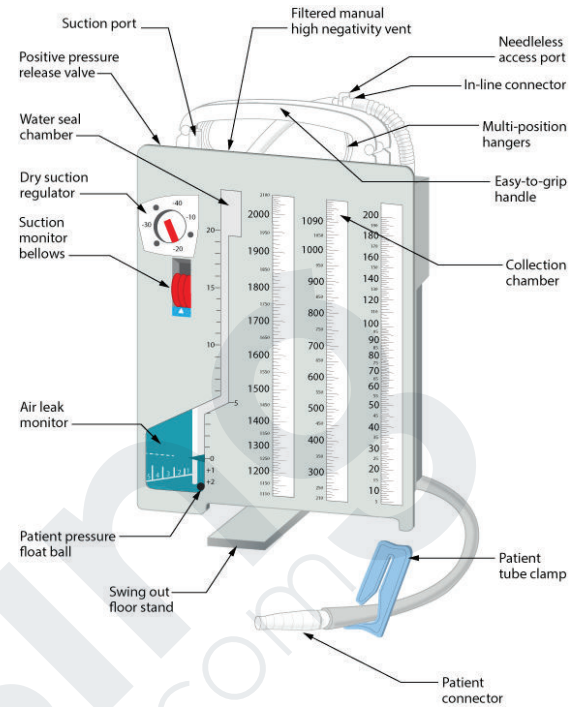


# CHEST TUBE MANAGEMENT

## INDICATIONS FOR A CHEST TUBE:

- Drain fluid, blood, or air
  - Pleural effusion
  - Hemothorax
  - Pneumothorax
- Establish negative pressure
- Facilitate lung expansion



By British Columbia Institute of Technology (BCIT). Download this book for free at <http://open.bccampus.ca> - <https://opentextbc.ca/clinicalskills/chapter/10-7-chest-drainage-systems/>, CC BY-SA 4.0. <https://commons.wikimedia.org/w/index.php?curid=66770951>

## PRIORITY NURSING ASSESSMENTS (TWO AA'S)

- **Tidaling** - fluid should fluctuate with respirations
- **Water seal** - there should be sufficient water in the water seal chamber
- **Output** - color, character, and quantity of output - measured hourly at first, then every 4-8 hours per policy
- **Air leak** - continuous bubbling in the water seal chamber indicates an air leak - this should be troubleshooted immediately
- **Ability to breathe** - always assess the patient's lung sounds and respiratory effort
- **SpO<sub>2</sub>** - is the patient oxygenating?

## SAFETY CONSIDERATIONS

- Avoid dependent loops
- Never strip or clamp tubing
- Ensure collection chamber stays upright
- Assess insertion site & dressing for bleeding or drainage
- Accidental removal - cover with 3-sided occlusive dressing