

# (THORACENTESIS) NURSING CARE PLAN

Medical Diagnosis: Thoracentesis		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Dyspnea</li> <li>• Chest Tightness</li> </ul>	Ensure signed consent is obtained and patient is well educated on procedure	Informed consent should be obtained by the provider, including indications, risks, and possible complications of the procedure. You, the nurse, should simply ensure it is done and witness the patient's signature.
	Ensure emergency equipment available at bedside	As with any procedure involving the airway, emergency equipment should be kept ready at the bedside, including suction, ambu bag, and artificial/advanced airways in case of respiratory distress.
	Position patient on side of bed with arms and chest over bedside table	This position helps to open the space between the ribs to allow for easier access to the location of the fluid or blood collection.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Diminished/absent breath sounds over affected area</li> <li>• Evidence of fluid or blood collection on chest-X-ray</li> </ul> <p>Note: COMPLICATIONS</p> <ul style="list-style-type: none"> <li>• Crepitus</li> <li>• Diminished/absent breath sounds</li> <li>• Bleeding from site</li> <li>• Fever/increased WBC</li> <li>• Redness/swelling at site</li> </ul>	Monitor Vital Signs, LOC, Respiratory status before, during, and after procedure per facility policy.	Obtaining a baseline assessment and set of vital signs helps to know if anything has changed during or after the procedure. Monitor VS during and after procedure per facility guidelines – being alert for possible respiratory distress.
	Administer analgesic, anxiolytic, or cough suppressant as ordered	Patients are not sedated during this procedure, however it is imperative that they are calm and still during – this will help to prevent complications. We don't want them squirming or coughing or they could end up with a punctured lung.
	Ensure strict sterile technique is maintained	There is a high risk for infection, therefore it is imperative that you help keep the provider accountable to strict sterile technique. This also means that everyone in the room should have a mask and bonnet on.
	After procedure, position patient with good lung down and provide O2 as needed	Good lung down positioning helps promote perfusion to the good lung and re-inflation of the 'bad lung'. Patients may require O2 as their lung re-inflates and they recover.

# (THORACENTESIS) NURSING CARE PLAN

	Nursing Intervention (ADPIE)	Rationale
	Monitor for possible complications: Pneumothorax Subcutaneous Air Bleeding Infection	The needle could puncture the lung, causing a pneumothorax If the pleural cavity is not closed properly, air can leak between the skin and the muscle – causing SubQ air Bleeding at the site or bleeding internally (hemothorax) are both possible due to the invasiveness of the procedure Strict sterile technique should be maintained – infection is possible as with any invasive procedure.
	Educate patient on signs and symptoms to report to the physician	Patients should report sudden shortness of breath, chest pain, or s/s infection like fever/chills, pain at the insertion site.