



Chest Tube Monitoring

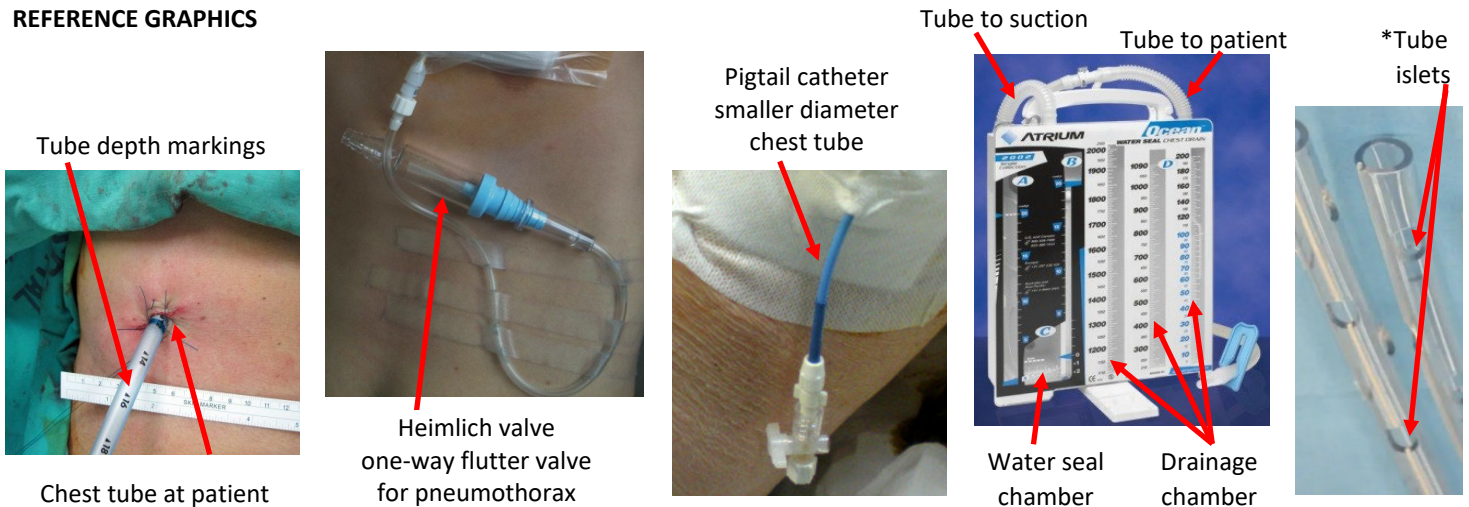
Interfacility Transport (IFT)

Paramedic IFT

PROCEDURE

- Obtain indication for chest tube (pneumothorax, hemothorax, pleural abscess), time of placement, and output over time
- Document date/time and current volume present on drainage system
- Inspect the following and alert sending physician if unable to unconfirm:
 - Tube is well secured
 - No islets are visible
 - No kinks or clots are present
 - Water level is appropriate in seal chamber and bubbling is present
 - Suction settings are appropriate per physician orders
 - Drainage system has adequate space to fill
- Perform continuous vital sign and cardiac monitoring during transport

REFERENCE GRAPHICS



System includes chest tube, connection hose, drainage system, water seal, and suction chamber

KEY POINTS

- When requested, these patients should only be transported by ALS-level services via interfacility transport (IFT)
- Patients require CLOSE MONITORING throughout transport
- Document chest tube parameters given by sending facility, confirmed tube placement throughout, and any deviation from orders
- Chest tubes may be placed anywhere throughout the chest wall and include smaller 'pigtail' tubes without a drainage system

TROUBLESHOOTING

- If continuous bubbling develops within the water seal chamber, check for loose connections within system
- If bubbling suddenly stops in the water seal chamber, check for obstructions or kinks in tubing
- If clots develop in the tube, do not milk tubing, allow gravity to displace clots
- If tube is dislodged, place chest seal over skin incision and do NOT reinsert tubing
- Contact OLMC if questions arise

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