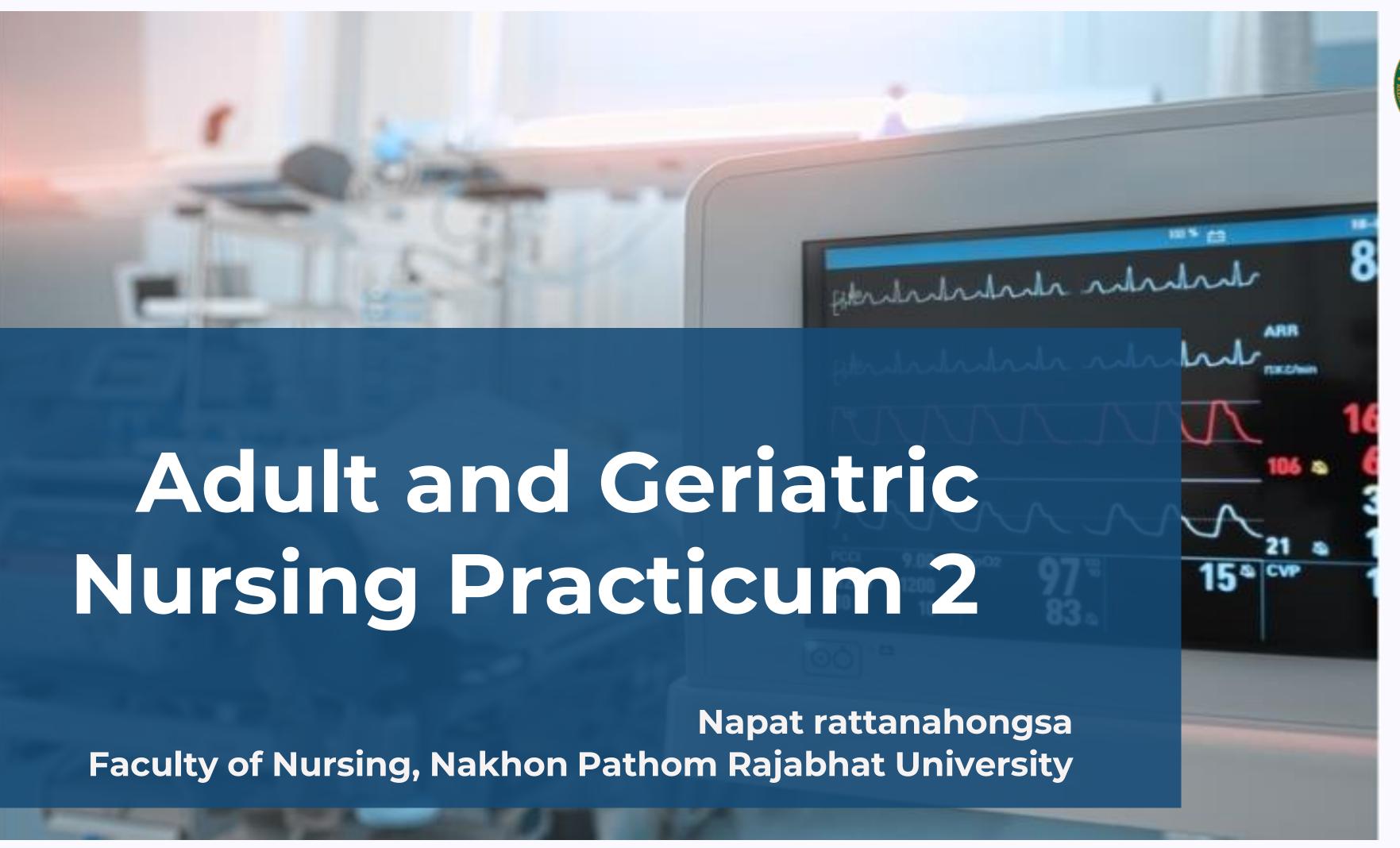


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A chest tube is a catheter inserted through the thorax to remove air and fluids from the pleural space, to prevent air or fluid from reentering the pleural space, or to Re-establish normal intrapleural and intra pulmonic pressures

- 1. Remove fluid & air as promptlyas possible
- 2. Prevent drained air & fluid from retuming to the pleural space
- 3. Restore negative pressure in the pleural space to re-expand the lung



https://images.app.goo.gl/uius3rKUZCwixsLZ7



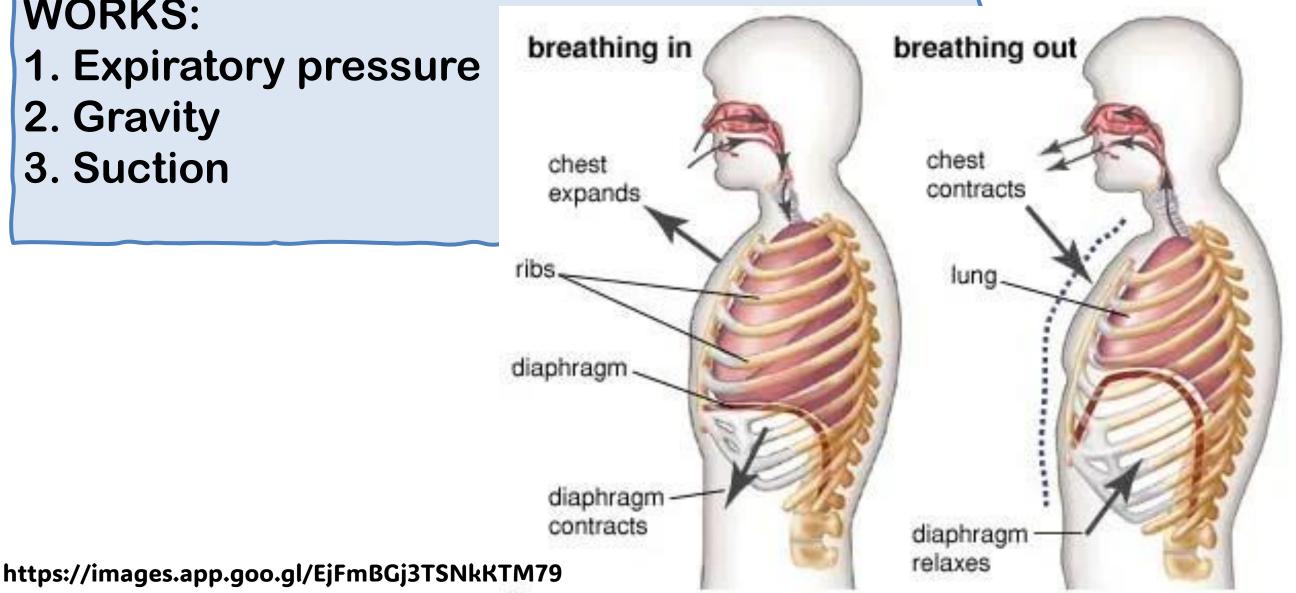
#### **HOWACHESTDRAINAGE SYSTEM**

**WORKS:** 

1. Expiratory pressure

2. Gravity

3. Suction



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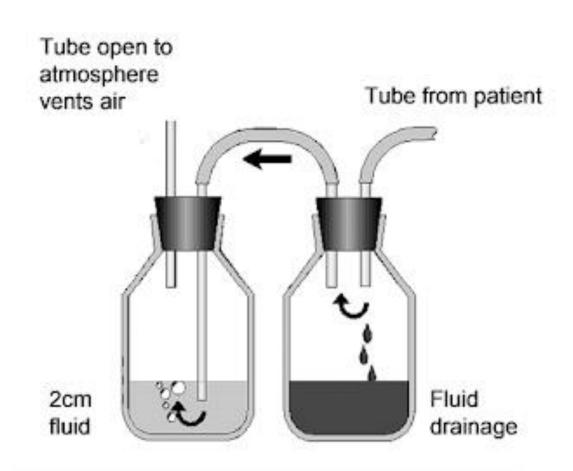


#### **Indications**

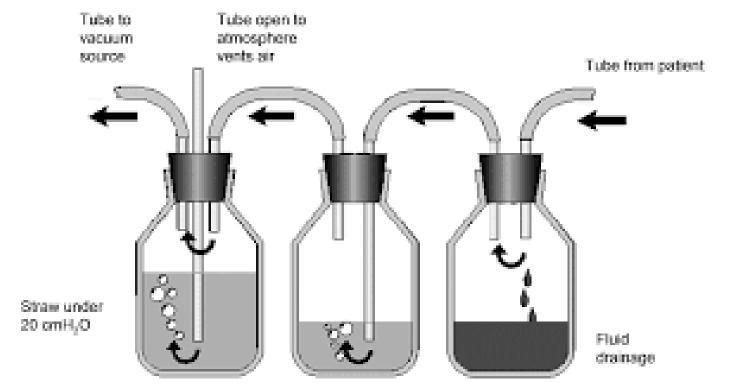
- Pneumothorax
- Hemothorax
- Pneumohemothorax
- Empyema
- pleural effusion
- Chylothorax
- For inserting medication into a chest tube
- On Ventilator Complication subcutaneous emphysema



# Tube open to atmosphere vents air Tube from patient







One bottle system

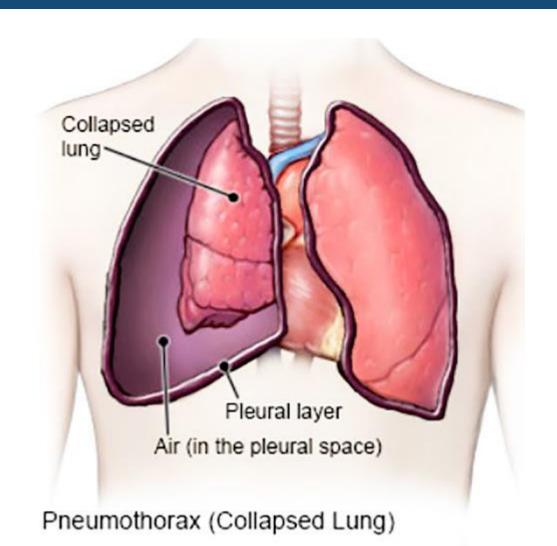
two bottle system

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#### Pleural drain complications

- Tension pneumothorax.
- •Trauma to intrathoracic structures, intra-abdominal structures and intercostal muscles.
- •Re-expansion pulmonary oedema.
- •Hemorrhage.
- Incorrect tube position.
- Blocked tube.
- Pleural drain falls out.
- •Subcutaneous emphysema.
- Infection.



https://images.app.goo.gl/WrP9Qv8UWAyXWNDz7



- 1. Keep a chest tube system closed and below the chest
- The tube should be secured to the chestwall.
- Watch for slow, steady bubbling in the suctioncontrol chamber and keep it filled with sterile water at the prescribed level.

(Anderson et al., 2022)

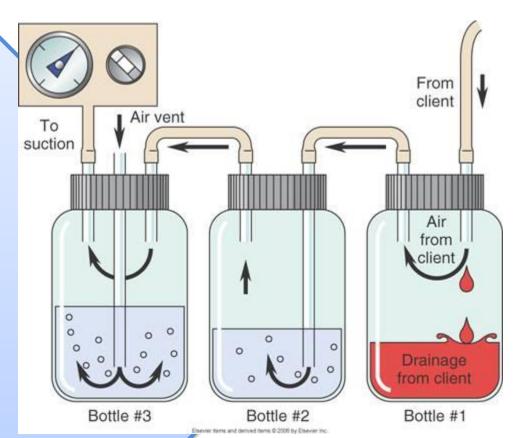


- Monitor patient vitals and comfort
- Replace the articles and recording & reporting (Documentation)
- Assess the pain by pain scale and management



- Check for bubbling
- Mark the level on the outside of the collection chambers every shift.
- Do not let the tubing kink or loop
- Drainage bag should be below the chest

level



https://images.app.goo.gl/jRAwnXmqkGuGEcNu9



- watch for fluctuation (tidaling) of the fluid level to ensure that the chest tube is in place
- ➤ If fluctuation is less the 2 cm look for blockage
- ➤ If blockage is present milking is done
- Make sure connections are tight and taped
- Report any unexpected cloudy or bloody drainage.
- Assist the dressing and if any exudates is present send for culture

(Anderson et al., 2022)



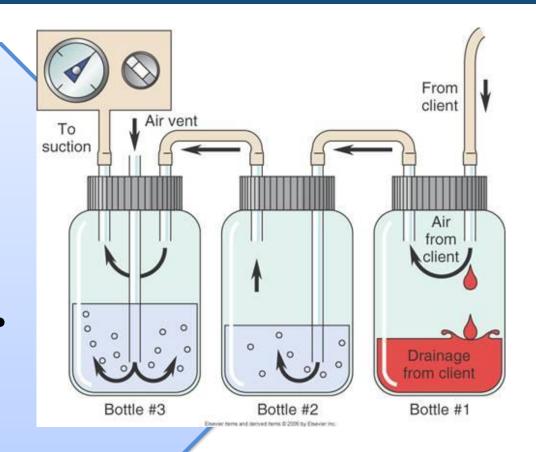
 Encourage your patient to cough, deepbreath, and use the incentive spirometer.

- Advice for ROM if not contra-indicated https://images.app.goo.gl/ZDDP6o7efU8pQfKg6
- Routinely access respiratory rate, breath sounds, Sp O2 levels.
- Check for insertion site & skin inspection



Clamping a chest tube is contraindicated when ambulating or transporting a patient. Clamping can result in a <u>Tension</u>

Pneumothorax

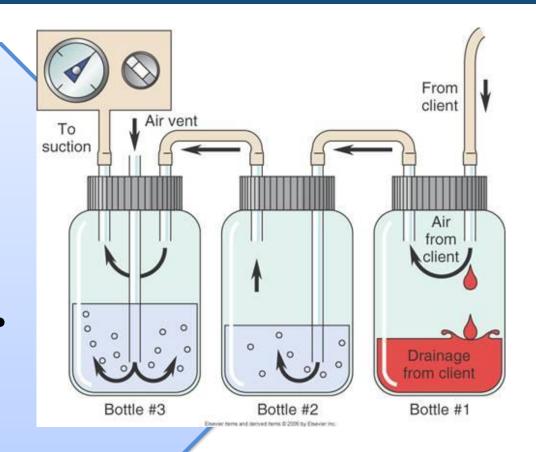


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Clamping a chest tube is contraindicated when ambulating or transporting a patient. Clamping can result in a <u>Tension</u>

Pneumothorax



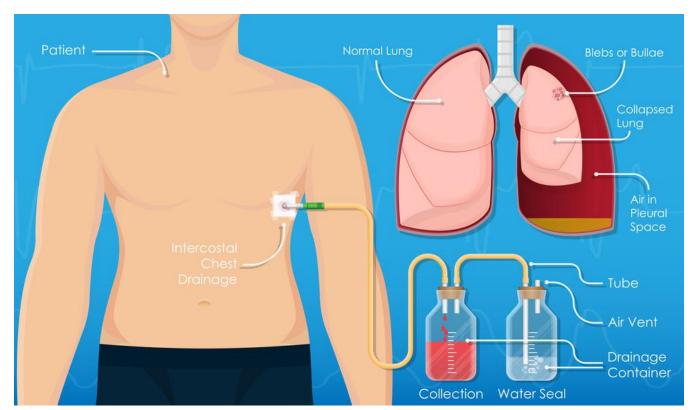
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#### INDICATION FOR REMOVING ICD

- 1. Drainage less than 50-100ml of fluid per day.
- 2. 1-3 days post cardiac surgery.
- 3. 2-6 days post thoracic surgery.

(Anderson et al., 2022)



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