

Policy Title:	CCT: TRANSPORT OF THE PATIENT WITH CHEST TUBE(S)		
Category:	1 - Provision of Care	Policy No.:	128
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PURPOSE:

The basic principle of a closed drainage system is to provide drainage of fluid and air from the pleural cavity while preventing backflow.

DEFINITION(S):

None

POLICY:

The mechanics of how to transport patient with a chest tube(s).

PROCEDURE:

Critical Care Transport staff must be knowledgeable of and skillful in the care of chest tube systems. They must be alert for signs and symptoms of complications and must properly intervene if necessary.

The physician order must be specific for the chest tube care, i.e. if the tubes are to be clamped from bed to ambulance in the absence of continuous suction.

Rubber clamps must be attached to the patient's clothing for easy accessibility.

Accurate documentation of the functioning of equipment as well as the fluid level must be done in the presence of the transferring nurse, as well as the receiving nurse.

Closed disposable drainage system (commonly known as Pleurevac or Atrium) may or may not be connected to suction. It is important not to tip the unit over, as the water seal may be broken and fluids may be mixed. The unit must be kept lower than the patient's chest level at all times.

Complications during transport may be:

- Chest tube may be pulled out. This is to be treated by having the patient cough and covering the site with petroleum dressing and sterile 4x4, with three sided taped.
- Frequent assessment should be done to rule out tension pneumothorax.

- Tube disconnects from the drainage system. Clamp tube, clean openings with betadine, reconnect to drainage system, and remove the clamp.
- Tension pneumothorax. Increasing the suction will sometimes correct this problem.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

None

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