05-1006 – Thoracostomy Tubes

PURPOSE: To authorize Prehospital Providers to monitor thoracostomy tubes previously established. Paramedics or Field MICN's may NOT perform placement of thoracostomy tubes.

POLICY: Prehospital Providers who have received appropriate training may utilize and monitor pre-existing Thoracostomy tubes IN PLACE.

EQUIPMENT:

1. Firm plastic thoracostomy tube.
2. Negative pressure drainage receptacle attached to the thoracostomy tube to form a closed drainage system.
3. Rubber-tipped clamp.

PROCEDURE:

1. Patients shall be placed and maintained on cardiac and pulse oximetry monitors during transport.
2. Signed transfer orders must provide for specifying the maintenance of the chest tube either to gravity or mechanical suction drainage. The amount of mechanical suction must be specified.
3. Mechanical suction rates must remain constant during the transport with no regulation of the rate being performed by the Paramedic.
4. The collection receptacle must be kept below the level of the chest to prevent drained fluid from re-entering the pleural space. Do not allow the collection receptacle to tip over.

PRECAUTIONS:

1. Avoid pulling on thoracostomy tube to prevent accidental dislodging of the tube.
2. Keep drainage receptacle below level of chest to prevent drained fluid from re-entering pleural space.
3. Keep drainage tubing in view. Do not permit dependent loops or kinks to form as this will increase pleural pressure, formation of clots, and interference with the flow of drainage.
4. Keep dressing at insertion site secure. This will prevent air entering the pleural space and maintain aseptic technique.
5. Do not disconnect drainage system or puncture tubing. Tape all connections securely to prevent violation of sterility and loss of negative drainage pressure.

COMPLICATIONS:

Complications require immediate intervention. Contact the BH IMMEDIATELY to report the problem, the intervention taken and to request further assistance/orders.

1. If hemorrhage occurs through the chest tube, observe for signs and symptoms of shock and treat according to protocol.
2. If the tube becomes dislodged (partially pulled out), do not attempt to push the tube back into the chest. Clamp the tube close to the chest wall and observe for signs and symptoms of tension pneumothorax.
3. If accidental withdrawal of tube occurs, place occlusive dressing over insertion site.
4. If air leaks are present, check all connections and contact the BH for further instructions.
5. If drainage receptacle fills in transit, keep in position and do not remove or elevate.