

Closed Chest Drainage Check List WEST COAST UNIVERSITY

Student:

		Peer 1	Peer 2	Faculty Evaluation
NPSG	Wash hands per CDC guidelines.			
	Provide patient privacy.			
NPSG	Introduce yourself.			
NPSG	Identify patient correctly using two identifiers (check to chart).			
NPSG	Verify allergy status.			
General Survey				
	Perform environmental safety check.			
	Ensure proper body mechanics.			
	Gather and prepare supplies, equipment, and PPE as needed.			
	Verify MD order on chart.			
	Assess need for procedure. Educate patient about the procedure.			
Replacing a closed-chest drainage system				
	Confirm absence of air leak by observing water-seal chamber or air-leak meter. (For air leak, do not clamp chest tube).			
	Raise bed height.			
	Don clean gloves.			
	Open and remove outer wrap of drainage system.			
	Open inner wrap; two sides, then back, then front.			
	Inspect new drainage system.			
	Obtain pre-filled syringe at the back of the closed chest drainage system.			
	Instill fluid into water-seal chamber to 2-cm mark			
	Remove gloves, perform hand hygiene, don gloves and mask.			
	Double-clamp tube close to insertion site by placing clamps in opposite directions.			
	Disconnect end of chest tube from old system and reconnect it to new system.			
	Remove clamps from chest tube.			
	Discard old system and all waste material in appropriate receptacle.			
	Position new system on bed frame.			
	Check for fluctuation in water-seal chamber as patient breathes.			
	Assess new, closed chest drainage system to ensure proper function.			
	Observe oscillation of fluid in suction-control chamber; adjust suction source per MD order, as necessary to generate gentle bubbling.			
	Assess patient; ensure comfort.			
Replacing a chest-tube insertion-site dressing				
	Assess patient's pain level.			
	Raise bed height, lower head of bed.			
	Assess closed chest drainage system.			
	Don PPE (gloves and mask).			
	Position patient on unaffected side.			
	Place linen-saver pad beneath patient.			
	Remove dressing, noting color, consistency, amount of drainage on dressing.			
	Discard dressing in appropriate receptacle.			
	Observe chest tube insertion site.			
	Remove gloves, perform hand hygiene			
	Set up sterile field. Open sterile petrolatum dressing and place it next to the sterile field.			
	Don sterile gloves.			
	Clean around insertion site with an antiseptic.			
	Place sterile petroleum gauze around the chest tube at insertion site.			
	Place drain pad across chest tube in opposite directions. Use gauze pads around chest tube to create even surface.			
	Place tape so that it adheres firmly against chest wall adjacent to chest tube. Place end of tape firmly against chest wall on opposite side of chest tube. Repeat until entire dressing is covered and sealed.			
	Assess patient; provide comfort.			
	Discard used materials.			
Documentation – Chest tube insertion				
	Informed consent			
	Date, time of insertion			

Anatomical location of insertion			
Size of tube			
Reason for insertion			
Breath sounds, respiratory rate and depth, oxygen saturation before and after insertion			
Characteristics, amount of chest tube drainage			
Dressing application, status			
Complications (if applicable)			
For patients going home with mobile drainage device: instructions, contact information, follow-up appointments			
Discard tubing and blood bag. Flush IV as needed.			

Documentation – Chest Tube & Drainage System Maintenance

Schedule for drainage checks, dressing changes			
Status of insertion site, surrounding skin			
Type of dressing			
Drainage on dressing			
Dressing change time, date			
Respiratory assessment			
Characteristics, amount of chest tube output			
Functioning of closed-chest drainage system			
Any procedural changes (i.e., reduction in suction, open to water seal)			
Strategies to promote ventilation, oxygenation (head of bed elevation, incentive spirometry, positional changes, ambulation)			
Pain level, interventions for pain management			

Documentation – Chest Tube Removal

Date, time of removal			
Breath sounds, respiratory rate and depth, oxygen saturation before and after removal			
Characteristics, amount of chest-tube drainage			
Dressing application, status			
Complications (if applicable)			

Peer 1:

Peer 2:

Faculty Evaluator: _____ Date: _____

Comments: