THORACIC: ASSISTING WITH CHEST TUBE REMOVAL PROCEDURE

POLICY

A chest tube is removed by a physician.
Prior to elective removal and with a physician’s order, a chest tube may be clamped 2 - 4 hours or longer to assess tolerance.
Studies support that chest tube removal is accompanied by moderate to severe pain. Analgesia is required.

PROCEDURE

Gather Equipment
1. Analgesia
2. C&S swab (optional)
3. Chest x-ray requisition
4. Dexidin 2 solution (2% chlorhexidine gluconate with 4% isopropyl alcohol solution) (optional)
5. Dressing and/or suture removal tray
6. Gauze, 2x2
7. Sterile gloves
8. Tegaderm, 1
9. Vaseline gauze (optional)

Procedure | Notes
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1. **Assemble** the equipment. | 
2. **Wash** hands. | 
3. **Prepare** tray. | Add dressings to tray. Have chlorhexidine available should wound need cleaning and swab if wound infection evident. **For infants less that or equal to 1000 grams:** If Dexidin solution is used, remove residual dexidin solution on skin using sterile normal saline or sterile water after the procedure is complete.
4. **Position** infant supine or side lying. | 
5. **Provide** analgesia and comforting measures. | 
6. **Assist** physician with removal of old dressing. Suture is loosened and/or removed. | 
7. **Place** Vaseline gauze over insertion site immediately after removing chest drain. Cover with transparent dressing. | Suture may be needed to close skin or will be replaced. 
8. **Discard** chest drainage system in biohazard container. | Dressing needs to be occlusive. Leave transparent dressing until falls off or signs of infection require treatment.
9. **Follow-up** with chest x-ray as ordered. | 

DOCUMENTATION

Document in Registered Nurse’s notes:
- Time, name and effectiveness of analgesia given
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- Time of removal
- Physician’s name
- Concerns with wound site
- Infant’s tolerance
- Plans for chest x-ray

REFERENCES