**Medical Procedures** **Date: 07/01/2024**

***Chest Tube (Thoracostomy) Monitoring*** **Policy #7180**

## I. Purpose:

A. To establish indications, guidelines, and the standard procedure for monitoring chest tubes (thoracostomy tubes) in the prehospital setting by paramedics.

## II. Authority:

A. Health and Safety Code, Section 1797.220, 1798. Title 22, Section 100170.

## III. Policy:

A. Monitor vital signs, work of breathing, and cardiac rhythm.

B. Pulse oximetry continuous monitoring. If oxygen saturation less than 95% on room air, provide oxygen by mask or nasal cannula (6 lpm flow rate).

## IV. Procedure:

A. Assure all chest tube connections are taped and secured to prevent disconnection.
    1. If suction was on and patient's clinical status appeared stable, the same suction settings should be used by the receiving unit.
    2. Tubing between the collection chamber and the patient should be reconnected if disconnected.

B. Do not clamp or kink chest tube or drainage tubing.

C. Hang collection chamber on the side of the gurney (do not tip over).

D. Keep collection chamber below the level of the chest.

E. Avoid dependent loops of fluid filling drainage tubing.

F. It is no longer recommended to "milk" or squeeze the entirety of the chest tube to move drainage down the tube, as this could increase intrathoracic pressure.

G. If chest tube is pulled out, place petroleum gauze dressing over insertion site.

H. If air leaks, check connections.

I. If chest tube partially pulled out:
    1. Do not push tube back into chest.
    2. Secure tube as is at the site.

J. If patients become dyspneic:
    1. Assess breath sounds.
    2. Complete needle thoracostomy procedure as indicated for suspected tension pneumothorax

K. If there is a sudden increase in bloody drainage:

1. Immediate base physician contact should occur for further management recommendations.
2. Patient clinical status should be reassessed, and preparation for possible rendezvous with air ambulance as determined by Base Hospital Physician.

L. Notify receiving center if any complications occur during transport.

M. Document the following in the patient care record:
   1. Any complications
   2. Any changes in clinical status
   3. Total output of liquid drainage at time of receiving patient and hand-off to receiving facility.

APPROVED:

SIGNATURE ON FILE – *DATE*

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