

623 CHEST TUBE MANAGEMENT

NOTE: PARAMEDICS MAY PROVIDE, OR ASSIST IN PROVIDING, THORACIC DRAINAGE AND SUCTION DURING INTERFACILITY TRANSPORT ONLY IF THEY HAVE COMPLETED SPECIAL ADDITIONAL TRAINING IN THE USE OF CHEST TUBES AND COLLECTION DEVICES, INCLUDING APPROPRIATE CONTINUING EDUCATION, AND ARE PROPERLY CREDENTIALLED BY THE AMBULANCE SERVICE MEDICAL DIRECTOR TO OPERATE SUCH EQUIPMENT.

PRIOR TO TRANSPORT:

Together with nursing staff, ensure that the chest tube is patent and securely taped, and that all connections are secure and airtight, and that the collection device is properly functioning.

If the transport is not accompanied by a physician or nurse, obtain written order to clamp chest tube, or for the amount of negative pressure to be applied to thoracic cavity while enroute.

DURING TRANSPORT:

Ensure that collection device remains upright.

If chest tube remains unclamped, provide sufficient suction to collection device to maintain prescribed amount of negative pressure to thoracic cavity. If collection device falls on its side and water seal is lost, clamp chest tube.

If chest tube becomes dislodged while enroute, seal wound with an occlusive dressing and tape on all four sides. If a tension pneumothorax subsequently develops, unseal one side of the occlusive dressing to vent the pressure as the patient exhales, and reseal after exhalation.

Monitor continuously for signs of tension pneumothorax.

AFTER TRANSPORT:

Record volume and character of drainage on Interfacility Transfer Report.