













### Chest Drain Care Plan

<b>HEALTHY WOUND SITE</b>		<ul style="list-style-type: none"> <li>• Check for infection.</li> <li>• Check surrounding skin for any signs of surgical emphysema.</li> </ul>
<b>DRESSING INTACT</b>		<ul style="list-style-type: none"> <li>• If the dressing is <b>clean and intact</b> it can stay on for up to 7 days if not then change.</li> <li>• Should be secured with gauze, and Hypafix/Tegaderm dressing.</li> </ul>
<b>3 WAY TAP</b>		<ul style="list-style-type: none"> <li>• Check for a 3 way tap, there should <b>always</b> be one on a seldinger chest drain.</li> <li>• Check that it is <b>not clamped/closed off</b> unless it has been advised by the medical team.</li> </ul>
<b>CHEST DRAIN TUBING</b>		<ul style="list-style-type: none"> <li>• Check tubing for any kinks.</li> </ul>
<b>CLAMP</b>		<p><b><u>Do not clamp unless for the following:</u></b></p> <ul style="list-style-type: none"> <li>• Following pleurodesis, or drainage of large volumes of fluid, but then only on medical request.</li> <li>• Whilst changing the drainage bottle, use 2 clamps close to the chest wall as well as clamp the tubing. <b><u>Do not forget to unclamp.</u></b></li> </ul>
<b>BUBBLING</b>		<p>A chest drain will <b>bubble</b> if a patient has a <b>Pneumothorax</b> present.</p> <ul style="list-style-type: none"> <li>• If a chest drain stops bubbling carry out a chest drain check of the chest drain for any complications.</li> <li>• If a chest drain is not meant to be bubbling and it is, then inform the medical team as this could be a new pneumothorax due to drain complications.</li> </ul>
<b>SWINGING</b>		<p><b><u>ALL CHEST DRAINS SHOULD SWING</u></b></p> <ul style="list-style-type: none"> <li>• A chest drain will swing with respiration of the patient.</li> <li>• If the chest drain is not swinging carry out a chest to drain check of the drain for any complications.</li> <li>• Inform the medical team immediately if there is no swing.</li> <li>• <b>A chest drain may not swing if it is on suction. Take the suction off then check.</b></li> </ul>
<b>SUCTION</b>		<ul style="list-style-type: none"> <li>• The <b>green thoracic suction</b> should be used if suction is required.</li> <li>• Suction will be set at medical teams request between 5-25cm H<sub>2</sub>O.</li> <li>• Suction can be disconnected if a patient needs to go off the ward, or use the bathroom.</li> </ul>
<b>UNDERWATER SEAL DRAINAGE</b>		<ul style="list-style-type: none"> <li>• The chest drain should <b>ALWAYS</b> be connected to an underwater seal drainage bottle that is filled with sterile water to the line indicated on the bottle.</li> <li>• The end of the tube that is inserted into the bottle must remain below the level of water at all times to prevent air from entering the pleural space.</li> </ul>
<b>CHEST DRAIN BOTTLE</b>		<ul style="list-style-type: none"> <li>• Monitor and complete checklist for interpleural drainage as per medical team request ensuring its checked at least every 4 hours.</li> <li>• Change the bottle when it is full or has offensive drainage. Clamp the drainage tubing only whilst the tubing is transferred to the new primed bottle and then release clamp immediately.</li> <li>• Seal the drainage bottle and dispose of in a double clinical waste bag in the disposal room.</li> </ul>

**ONLY COMPETENT PRACTITIONERS** can flush drains as directed, and prescribed by medical staff, and following the appropriate guidelines for flushing.