

# CHEST TUBE PRACTICE GUIDELINES

## INDICATIONS:

1. Hemopneumothorax by CXR
2. Hemopneumothorax by CT or going to receive positive pressure ventilation

## TECHNIQUE:

Ancef 1-2 GM 30 min. prior to insertion  
 (use full barrier cautions)  
 Large bore CT (>32F)  
 4-6<sup>th</sup> ICS in mid axillary line  
 Secure with suture

PLACED FOR PNEUMOTHORAX

PLACED FOR HEMOTHORAX

Keep on Suction for >24 hrs. after air leak resolved & PTX resolved

Lung expanded  
 No air leak  
 Fluid  $\leq$  200 ml/24 hrs.  
 & chest X-Ray

Clear Chest X-Ray

Not clear Chest X-Ray

Pull Chest Tube  
 Valsalva & remove quickly  
 Do not attempt closure  
 Place Dry Dressing

If Chest X-Ray not clear at 72 hrs. post injury  
 Order CT Chest

Note: Q AM Chest X-Ray is not necessary. Order only if output is less than 200 ml per 24 hrs. & no air leak

Follow up CXR 1 hr. after pull

Persistent Hemothorax  
 VATS/  
 Thorocotomy

No persistent plural fluid  
 Aggressive pulmonary toilet

DC pt if:  
 If suitable for DC  
 DC to responsible circumstances

## References:

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