

**Medical Procedures****Date: \*\*/\*\*/\*\*\*\*****Chest Tube (Thoracostomy) Monitoring****Policy #\*\*\*\*****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 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.
- 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. If chest tube is pulled out, place petroleum gauze dressing over insertion site.
- G. If air leaks, check connections.
- H. If chest tube partially pulled out:
  1. Do not push tube back into chest.
  2. Secure tube as is at the site.
- I. If patients become dyspneic:
  1. Assess breath sounds.
  2. Complete needle thoracostomy procedure as indicated for suspected tension pneumothorax
- J. Notify receiving center if any complications occur during transport.
- K. Document the following in the patient care record:
  1. Any complications
  2. Any changes in clinical status