

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13
Supersedes: 08/01/08

Protocol: P-205

MONITORING OF THORACOSTOMY TUBE CCT PARAMEDICS

INFORMATION REQUIRED

- Treatment provided and transferring physicians orders are within the CCT-P Scope of Practice
- Amount of mechanical suction applied is specified.

OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm

CCT- P Treatment
<ul style="list-style-type: none">• Patients shall be placed on cardiac and pulse oximetry monitors for duration of transport.• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must specify the maintenance of chest tube either to gravity or mechanical suction drainage. If mechanical suction drainage, the amount is mechanical suction must be specified.• Mechanical suction rate must remain constant during transport with no changes in the rate being performed by the CCT-P.• Collection receptacle must be kept below the level of the chest to prevent drained fluid from re-entering the pleural space. Do not allow the collection receptacle to tip over.• If hemorrhage occurs through the chest tube, observe for signs and symptoms of shock and treat according to protocol.• Complications:<ul style="list-style-type: none">- If the Thoracostomy Tube is partially pulled out, do NOT push the tube back into the chest. Secure the site.- If the Thoracostomy Tube is completely pulled out, place an occlusive dressing over the insertion site.- If air leaks are present, check all connections.
Transferring or Base Hospital Physician Contact Criteria
If the patient becomes dyspneic, assess breath sounds and notify the base hospital physician (needle thoracostomy may need to be performed).

PRECAUTIONS AND COMMENTS

- This procedure shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- CCT-Ps may not initiate **Thoracostomy Tubes**.
- Avoid pulling on **Thoracostomy Tube** as this can cause accidental dislodgement of the tube.

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- Do not restrict gravity or suction drainage from the chest by the use of clamps, dependent loops or kinks in tubing as this will interfere with the flow of drainage and may lead to increased pleural pressure or information of clots.
- Do not disconnect the drainage system or puncture tubing. Tape all connections securely to prevent violation of sterility and loss of negative pressure.
- In case of suction device failure, the end of the **Thoracostomy Tube** may be covered by a one way valve (Heimlich or similar valve device).