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)
- 4-6th ICS in mid axillary line
- Secure with suture

PLACED FOR PNEUMOTHORAX
- Keep on Suction for >24 hrs. after air leak resolved & PTX resolved

PLACED FOR HEMOTHORAX
- Lung expanded
  - No air leak
  - Fluid ≤ 200 ml/24 hrs. & chest X-Ray

Clear Chest X-Ray
- Follow up CXR 1 hr. after pull
- DC pt if:
  - If suitable for DC
  - DC to responsible circumstances

Not clear Chest X-Ray
- Persistent Hemothorax
  - VATS/Thorocotomy
- No persistent plural fluid
  - Aggressive pulmonary toilet

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

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

References:

Bell et al J Trauma April 2001; 50(4) 674-677.
Maxwell J Trauma Oct. 2004; 57(4) 742-748.
Meyer et al Annual of Thoracic Surgery Nov. 1997; 64(5) 139-147