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NURSING 202 – ADVANCED CONCEPTS OF NURSING
CLASS PREP - CHEST TRAUMA: CHEST TUBES & DRAINAGE SYSTEMS

It is important for the nurse to provide competent care when the patient has a chest tube. Independently review chest tube care and answer the following questions.

1. What should be your focal assessments for a patient with a chest tube?

   -vitals (HR, BP, SPO2, RR, Temp), respiratory effort

   -Auscultate chest/lungs

   -Assess pain PQRST

   -Assess drain insertion site and dressing

   -Observe sutures (must remain intact)

   -Assess for pressure injury, especially where tubing comes into contact with skin

   -Check for emergency equipment at bedside (2 clamps, 2 suction outlets-1 for chest drain, 1 for airway)

   -Assess chest tube and system tube for kinks or dislodgement

   -Assess for leaks

   -Volume in drainage chamber (color and consistency)

   -Check labels

   -Check that drain is not clamped unless ordered (risk for pneumothorax)

2. Define the term “tidaling”.

   Water in the water seal chamber rises and falls with respirations.

3. Why might tidaling fail to occur?

   Tidaling may fail if tubing is occluded by a clot, kinked, or lungs are fully expanded (pneumothorax resolved).

4. Define/describe the term “bubbling”.

   Bubbling is caused by air leaks. Air released into the water seal chamber creates bubbles.

5. What causes bubbling?

   Bubbling is caused by air leaks.

6. What is an acceptable safety measure regarding tubing connections for chest tubes and drainage tubing?

   Ensure all connections are taped and secure according to your organization's policy. Never lift drain above chest.

7. What is the generally ordered suction pressure for a chest tube drainage system?

   A suction pressure of −20 cm H_2O is commonly recommended.

8. What pressure should you set the wall suction regulator to?

   Set suction to 80-120 mmHg.

9. What type of dressing would be used for a chest tube dressing?

   Use occlusive dressing (i.e. petroleum gauze).

10. Name 2 priority nursing diagnoses when providing care to the patient who has a chest tube.

Ineffective breathing pattern

Ineffective tissue perfusion