

**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?

Dressing/suturing of chest tube, amount/color of drainage, type of suction (wet or dry), VS, RR/breath sounds, look at the tubing for kinks, it's patency, and if it is below the level of the patient's chest

2. Define the term "tidaling".

The movement of the fluid level in a chest tube with respirations – rise with inspiration, fall with expiration

3. Why might tidaling fail to occur?

If there is lung re-expansion or an obstruction within the chest tube system

4. Define/describe the term "bubbling".

In the water seal chamber, periodic bubbling is normal and indicates that the air that is trapped is being removed (gentle bubbling is normal)

5. What causes bubbling?

An air leak in the chest tube system - exhalation/cough/sneezing can cause bubbling too

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

Never clamp a chest tube, make sure that there is no kinks, the tube is patent, & that the chest tube system is below the level of the patient's chest

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

- 20 cm H<sub>2</sub>O for wet or dry suction

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

chest tubes should not be connected to wall suction

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

Dry, sterile gauze with only 3 sides taped

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

Acute pain: chest tube insertion site

Ineffective breathing pattern

Risk for infection