

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?

Lung sounds, Pulse Ox, Drainage amount and consistency/ color, placement of chest tube (below the chest), assessment of the chambers,

2. Define the term “tidaling”.

Tidaling keeps negative pressure within the lung space, it will reduce as the lung continues to expand. It occurs as breaths are taken.

3. Why might tidaling fail to occur?

Possible indication of lung re-expansion or a blockage such as a blood clot or a kinked tube.

4. Define/describe the term “bubbling”.

Continuous bubbling indicates adequate amount of suction being applied.

5. What causes bubbling?

Suction causes bubbling. Vigorous bubbling is caused by an air leak

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

Ensure the system remains closed by verifying all tubing connections are taped and the chest tube is securely fastened to the client's chest wall.
Assess and document the amount, color, and characteristics of fluid in the collection chamber.

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

between -10 and -20 cm H₂O

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

80-120 mmHg

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

An airtight seal dressing. Xeroform/ impregnated occlusive petroleum can be used with 4x4 gauze dressing

10. Name 2 priority nursing diagnoses when providing care to the patient who has a chest tube.
Impaired gas exchange
Risk for infection