

Protocol for the Management of Implantable Pleural Catheter

Prior to Insertion

- Patient should be residing within the WSLHD
- Patients should be assessed for both indication and contraindications for the insertion of an implantable pleural catheter.
- Patients should have the goals and alternatives to an implantable pleural catheter explained to them (eg surgical pleurodesis, medical pleurodesis, recurrent pleural aspirations)
- Patients should have risks of procedure explained to them
- Informed consent should be obtained and signed
- Patient and family should be given a copy of the Patient Information Sheet (available on ward B5a on Phone 02 9845 6108)
- A verbal consultation should be made to the accredited proceduralist, to arrange for a suitable time to perform/supervise procedure
 - Anticoagulant therapy should be ceased prior and Clexane instituted if patient cannot have anticoagulant therapy ceased for prolonged periods
 - If patient has history of renal impairment, anti-coagulant or antiplatelet therapy use, this should be discussed with the proceduralist
 - Any pre procedure blood tests required should be arranged by the requesting physician and made available to the proceduralist.
- If the patient is an outpatient – an inpatient admission will be required for the procedure.
 - Contact the NUM of B5a, Sarka Horak, on 02 98456108 to arrange for an appropriate date for admission
 - Patient Flow Unit (PFU) should be contacted and informed of to the requirement of an admission for the insertion of an implantable pleural catheter (Phone 02 9845 5548) and the negotiated date for admission.
 - A referral for admission form should be filled out and faxed to both B5a (Fax to 02 9845 8356, Attention Sarka Horak) and Admissions (Fax 02 9845 8303)
 - Inform patient that they will be contacted by PFU on the expected date of admission with regards to a bed availability and time for admission
- If patient is under the care of a palliative care physician contact palliative care CNC Harriet Van de Pol 0400 736 525
- Patient should be referred to community nursing at the time of referral, prior to admission for the procedure. There are currently significant delays in community patients being initially seen.

During Hospital Admission

- Patients and family should be offered the implantable pleural catheter DVD to watch
- Referral to community nursing and/or PACC made on admission
 - Respiratory CNC will need to liaise with the community nurse and the community nurse manager to ensure that supply of the drainage bottles is organised
 - Ongoing funding of the drainage bottles will need to be liaised with the individual community nurse manager prior to the insertion of the implantable pleural catheter, if the patient is residing outside of WSLHD
- Ensure informed consent is obtained and any further queries from patient or family are answered
- Palliative care consultation is made
- Insertion of the implantable pleural catheter as per arranged, after checking once more the indication, contraindication and imaging
- The implantable pleural catheter can be drained either by an Atrium chest drain or a specifically designed bottle, pending the indication and goal of the implantable pleural catheter

Prior to Discharge

- Ensure patient and family are
 - Confident with the process of drainage via the implantable pleural catheter
 - Understand who to contact for more drainage bottles and in the event of any problems
 - Understand the when the circumstances under which patient/family need to make contact for urgent medical/nursing review (information on “Implantable Pleural Catheter Drain Monitoring Chart”).
- Ensure that patient has an “Implantable Pleural Catheter Drain Monitoring Chart”, which should be given to patient as record and should be filled out at every community nurse/drainage/medical review
 - Ensure responsible respiratory physician/palliative care physician is clearly documented
 - Ensure the goal of treatment is clearly documented
 - Ensure frequency of drainage is clearly documented
 - Ensure date of suture removal and the person to remove the suture is clearly documented
- Ensure patient has follow up arranged with specialist respiratory physician or palliative care physician (if appropriate) and follow up CXR arranged if requested (in general, should have a follow up review at 4 weeks post discharge)
- Refer to closest palliative care physician clinic to patient’s home, Westmead Cancer Centre, Blacktown Cancer Centre, Mt Druitt Palliative Care Unit.
- Ensure there is follow up date/time with community nursing or PACC team.

- Ensure that patient understand when they need to contact community nurse/respiratory CNC/respiratory physician (information on “Implantable Pleural Catheter Drain Monitoring Chart”)
- Ensure that a palliative care consultation has been made, to arrange for the ongoing supply of drainage bottles post discharge with the community nurse/community nurse manager.
- Ensure patient has 3 drainage bottles prior to discharge obtained from NUM of B5a (or from Palliative Care CNC on C5c?) to use in case of emergency situations and that ongoing sourcing of the drainage bottles have been arranged and patient understands to contact the community nurse for the sourcing of further drainage bottles.

Post Hospital Discharge

- Patient should have regular visit from community nursing each time when the drainage is being performed, until patient/family are deemed competent of performing drainage via drainage bottle in a safe and sterile manner.
- Patient should have sutures removed on the indicated date (documented on “Implantable Pleural Catheter Drain Monitoring Chart”)
- At each visit to a medical practitioner/specialist or from a community nurse, the patient should carry the “Implantable Pleural Catheter Drain Monitoring Chart”, which should be filled out every community nurse/medical review.
- Each week, a copy of the “Implantable Pleural Catheter Drain Monitoring Chart” should be faxed by the community nursing team to the responsible team, EITHER
 - The respiratory physician AND respiratory CNC (Fax 9845 8356) (if patient under the care of the respiratory physician) OR
 - The palliative physician AND palliative care CNC (Fax 9845 8331) (if patient under the care of a palliative care physician)
- The respiratory/palliative care CNC should make a follow up phone call each week to ensure that there is appropriate ongoing drainage and no evidence of complications and to liaise with specialist and arrange for further specialist review if there are any concerns.
- If at any time, there are any concerns or any signs of adverse event or any of the below listed conditions, please contact either the respiratory team (respiratory CNC on Mobile 0457 412 738 and respiratory physician) OR the palliative care team (palliative care CNC on Mobile 0400 736 525 and palliative care physician) and the should be contacted as soon as possible to discuss further review/management plan.
 - 1) If the tube drains <50mL on three occasions in a row (will need a CXR performed prior to review).
 - 2) The tube stops draining fluid
 - 3) If the tube falls out
 - 4) If patient develop fevers of >38°c
 - 5) If the drainage fluid becomes purulent
 - 6) If the skin around the tube starts turning red, becoming warm and/or painful or there is purulent discharge around the tube
 - 7) Excessive pain and discomfort at the site of the tube
 - 8) Any abnormal growth around the tube