Ross Memorial Hospital

CONTINUING CARE PROGRAM

Policies and Procedures

NAME PALLIATIVE THORACENTESIS

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	PALLIATIVE CARE	
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Purpose: Insertion of a permanent thoracentesis tube into the chest wall to relieve symptoms associated with pleural effusion and to improve quality of life. The drainage tube is left in place and is used, as ordered, when the patient is symptomatic to relieve breathlessness and improve comfort.

This is a palliative measure in the treatment of persistent pleural effusion.

Policy:

- A physician order is required for the insertion of an indwelling chest drainage tube.
- A referral is sent to the Angiography Suite at Peterborough regional health centre to arrange for the insertion of the drainage tube by a radiologist.
- A physician's order is required for guidelines for draining the chest tube at the bedside and must specify the amount of pleural fluid that can be drained at any one time and the frequency of the drainage.

Procedure:

- 1. gather supplies: 60cc syringe, chlorhexadine swabs, sterile gloves, saline lok, needleless system (or use #21 gauge needle if no needleless system) and dressing tray.
- 2. Prepare sterile field. Glove. Cleanse the injection port using chorhexadine. Insert the needle through the injection port and open stopcock.
- 3. gently withdraw fluid using the 60cc syringe. Close stopcock. Repeat the procedure using 60cc's at a time. Keep accurate record of the amount of fluid you are withdrawing. Do not withdraw more than 1000cc's of fluid.
- 4. Flush the tube with 5cc's normal saline. Instil (and leave in) 3cc's Heparin solution (1:1000) in line after drainage.
- 5. record volume and appearance of fluid in the interdisciplinary notes. Record patient's response to the procedure.
- 6. Apply sterile 4x4 gauze as overlay to end of the injection port.
- 7. Change the chest tube dressing site daily or prn.

References:

Perry and Potter

PRHC Palliative Care Resource manual

Oxford Textbook of Palliative Care Nursing 2001

Faculty of health Sciences Queens University "Educating Physicians in Palliative Care"

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