

12.05 MONITORING OF THORACOSTOMY TUBE CCT PARAMEDICS

- These procedures/interventions shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Patients shall be placed on cardiac and pulse oximetry monitors for duration of transport.
- Signed transfer orders from the transferring physician must be obtained prior to transport and must specify the maintenance of chest tube either to gravity or mechanical suction drainage. If mechanical suction drainage is utilized, the amount of mechanical suction must be specified.
- Mechanical suction rate must remain constant during transport with no changes in the rate being performed by the CCT-P.
- Collection receptacle must be kept below the level of the chest to prevent drained fluid from re-entering the pleural space. Do not allow the collection receptacle to tip over.
- If hemorrhage occurs through the chest tube, observe for signs and symptoms of shock and treat according to protocol.
- Complications:
 - If the **Thoracostomy Tube** is partially pulled out, do NOT push the tube back into the chest. Secure the site.
 - If the **Thoracostomy Tube** is completely pulled out, place an occlusive dressing over the insertion site.
 - If air leaks are present, check all connections.
 - If the patient becomes dyspneic, assess breath sounds and notify the base hospital physician (needle thoracostomy may need to be performed).
- CCT-Ps may not initiate **Thoracostomy Tubes**.
- Avoid pulling on **Thoracostomy Tube** as this can cause accidental dislodgement of the tube.
- Do not restrict gravity or suction drainage from the chest by the use of clamps, dependent loops or kinks in tubing as this will interfere with the flow of drainage and may lead to increased pleural pressure or information of clots.
- Do not disconnect the drainage system or puncture tubing. Tape all connections securely to prevent violation of sterility and loss of negative pressure.
- In case of suction device failure, the end of the **Thoracostomy Tube** may be covered by a one way valve (Heimlich or similar valve device).