



**MONITORING THORACOSTOMY (CHEST) TUBES DURING
INTERFACILITY TRANSPORT**



PROCEDURE

- Monitor vital signs and cardiac rhythm.
- Pulse oximetry, if oxygen saturation less than 95% on room air, provide oxygen by mask or nasal cannula (6 L/m flow rate).
- Assure all chest tube connections are taped and secured to prevent disconnection.
- Do not clamp or kink chest tube or drainage tubing.
- Hang collection chamber on the side of the gurney (do not tip over).
- Keep collection chamber below the level of the chest.
- Avoid dependent loops of fluid filling drainage tubing.
- If chest tube is pulled out, place petroleum gauze dressing over insertion site.
- If air leaks, check connections.
- If chest tube partially pulled out:
 - Do not push tube back into chest.
 - Secure tube as is at the site.
- If patients become dyspneic:
 - Assess breath sounds.
 - Contact Base (needle thoracostomy may need to be done).
- Notify receiving center if any complications occur during transport.
- Document:
 1. Any difficulties or complications during transport.
 2. Patient's response.

Approved:

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