

CHEST TUBE PROTOCOL FOR INTERVENTIONAL RADIOLOGY (PNEUMOTHORAX)

FLUSHING SCHEDULE	DRESSING SCHEDULE	ITEMS TO FOLLOW	TUBE CHANGE SCHEDULE	PATIENT TEACHING
<p><u>Hospital and Home Care:</u></p> <p>NO FLUSHING</p>	<p><u>Hospital and Home Care:</u></p> <ul style="list-style-type: none"> • As needed • Need Vaseline gauze at tube site when changing dressing 	<p><u>Hospital:</u></p> <ul style="list-style-type: none"> • Daily CXR for residual pneumothorax • Tube output <p><u>Hospital and Home Care:</u></p> <p>Call interventional radiology for the following:</p> <ul style="list-style-type: none"> • Shortness of breath • Crepitus at tube site • Decrease breath sounds • If persistent pneumothorax, call interventional radiology physician • Temperature >101, chills, or shaking • Skin becomes red or irritated • Pain at tube site • Stitch comes out • Tube pulls back or falls out • Patient is re-admitted to the hospital (<i>home care only</i>) 	<p><u>Hospital and Home Care:</u></p> <ul style="list-style-type: none"> • See Items to Follow • If persistent pneumothorax, call interventional radiology physician <p><u>Home Care:</u></p> <p>Patient will need to return to hospital as directed by interventional radiology for CXR and tube removal</p>	<ul style="list-style-type: none"> • Avoid baths and swimming • Sponge baths only • When to call interventional radiology (<i>see Items to Follow</i>)