TITLE: Chest Tube Dressing Change

POLICY:

PURPOSE: To establish an organization wide standard of practice for frequency of chest tube dressing changes.

RESPONSIBILITY/SCOPE: RN/ All hospital services

BACKGROUND INFORMATION: Chest tube dressing changes should occur daily to allow the RN to fully assess the site. This should be done in the AM when the surgeons are available in house.

SUPPLIES:
1. Non sterile gloves
2. 2 trach sponges
3. Roll of foam tape
4. Sterile 4x4
5. ABD (optional)
6. Package of Vaseline gauze (optional)

PROCEDURE:
1. Wash hands or use alcohol based hand sanitizer.
2. Put on gloves.
3. Remove current dressing by peeling back the tape with one hand and holding the chest tube against the patient with the other.
4. Assess site for any signs of infection, drainage, dislodgement, or air leak.
5. (Optional) If an air leak is present apply Vaseline gauze around the base of the tube and press it against the patient’s body at the insertion site forming a seal to prevent further air leak.
6. Apply the two trach sponges around the tube to absorb any drainage.
7. Place 4x4 for further drainage absorption.
8. (Optional) Apply ABD pad if large amounts of drainage are present but this is not a required step.
9. Wrap a piece of foam tape around the chest tube leaving about 6 inches on each side. Tape the tube to the chest. (This will relieve pressure on the stitch and make it more comfortable for the patient.)
10. Apply 3 to 4 strips of foam tape over the sponges while holding the chest tube against the side of the patient.
11. The foam tape should be applied loose and with minimal stretch. (Stretching increases the risk of skin tears while not decreasing the possibility of an air leak.)

DOCUMENTATION
Document in the patient record:
1. Time of dressing change.
2. Site assessment

REFERENCES:
AUTHORS: ICU/TU RN

REVIEWED BY:

APPROVED BY: