

	1704	Thoracostomy Tubes
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 05/01/2021		Next Revision: 05/01/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Signed transfer order from the transferring physician must provide for specifying the maintenance of the chest tube either to gravity or mechanical suction drainage as well as the amount of mechanical suction must be specified.

The collection receptacle must be kept below the level of the chest. Do not allow kinks or dependent loops in drainage tubing

If Paramedic feels that level of care is out of his/her ability to safely transport, they may refuse transfer.

Required during transport:
: ECG, SPo2, Blood Pressure, and vital signs including Lung sounds be obtained at a minimum of every 15 minutes

Potential complications:

Hemorrhage: If occurs through chest tube observe for signs / symptoms of shock and make Physician Consultation

Chest tube becomes dislodged (Partially removed): Do not attempt to push back into place. Clamp tube observe for signs / symptoms of tension pneumothorax and make Physician consultation

Chest tube is removed completely: Quickly place chest seal or occlusive dressing

Drainage receptacle fills during transport: keep in position do not remove or elevate.