

PLEURX DRAINAGE AND DRESSING PROCEDURE

PURPOSE:

To ease discomfort and minimize signs and symptoms related to malignant ascites and pleural effusion.

KEY POINTS:

The Pleurx tube contains natural rubber latex, which may cause an allergic reaction

May be either a pleural or abdominal drain

Use the clamp to control the flow if pain occurs, or stop if sharp pain present

The flow of fluid into the bottle will slow when the fluid is almost completely drained

Goal is to drain 1-2 liters per visit

The drainage will usually take 5 –15 minutes

Do not use scissors or sharp objects around the catheter

ASSEMBLE SUPPLIES:

2 packets of alcohol swabs

1 packet of Chloro Prep

1 Drainage Line Set

1 16G 1 ½ “ needle

1 Pleurx Valve Cap

1-2 Evacuated Containers (Glass Vacuum Bottles)

Sharp’s Container

1 Drain sponge

2 Gauze pads

1 Transparent dressing to cover and seal entire dressing

PROCEDURE:

Preparation:

Explain the procedure to the patient and family

Wash hands

Assemble supplies on a clean work area/ barrier

Open the evacuated container

Put on non- sterile gloves and remove old dressing

Assess catheter insertion site for redness, swelling or fluid

Remove gloves, wash hands (Gel OK)

Put on sterile gloves

Draining Fluid:

Squeeze the drainage line clamp completely closed

Remove the cover of the drainage line access tip and set on sterile field

Remove the catheter valve cap by twisting counterclockwise and pulling gently and set on clean field

Clean around the valve opening with an alcohol swabstick

Insert the access tip securely into the catheter tip. You will hear and feel a click when the access tip and valve are locked together

Apply the needle to the other end of the drainage catheter
Insert the needle into the top of the evacuated container

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Open the clamp on the drainage tube

If the tube is in the chest **do not drain more than 1000ml at any one time**

If the tube is in the abdomen, drain to the patient's comfort, if draining less than 1000ml may be draining too frequently, if greater than 2000ml may not be draining often enough.

To change to another bottle, clamp both the catheter and the drainage tube, remove the metal cap from another evacuated container and remove the needle from the full bottle and insert into the new bottle, release the drainage tube and catheter clamps

Clamp the drainage tube

Pull the access tip out of the valve in a firm smooth motion

Clean the valve with an alcohol swabstick

Place the cap over the catheter valve and twist clockwise until snaps into locked position

Change the cap as needed. (not necessary to change each time)

Discard the needle in the sharp's container

Return the evacuated container to the office, to the hazardous waste disposal container

Site Care and Dressing:

Clean around the catheter with 3 alcohol swabsticks, let dry

Clean around catheter with Chloro Prep, let dry

Place sponge pad around catheter

Wind the catheter into loops and place it over the sponge drain

Cover the catheter with gauze pads

Cover the gauze dressings with a transparent dressing

Change the dressing every time drainage performed, if becomes wet, or complaints of pain or excessive drainage from catheter site

Documentation:

Document the date and time of procedure

Document amount received in the Nursing visit record as well as the Drainage Record in the hard chart

Assessment of the site

Patient tolerance

Patient / family teaching

Physician notification

Trouble shooting:

If no drainage received the drainage tube may be clogged with fibrous material of the pleural or ascitic fluid. This usually occurs at the tip of the drainage line once inserted into the catheter valve. Gently squeeze the catheter where it joins the catheter valve, and then gently squeeze the drainage line near the access tip to attempt to loosen the material lodged at the connection. If this does not cause immediate flow to the bottle, disconnect and try a new drainage line.

Reportable conditions:

Severe sharp pain reported and continued once procedure stopped

Damage to the catheter of any kind

Redness, swelling or fluid around the catheter

Any change in color or appearance of the drainage fluid

Unable to drain the fluid

Potential complications of draining the pleural space include pneumothorax, re-expansion pulmonary edema, hypotension, circulatory collapse and infection

Potential complications of abdominal drainage include infection