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 Chlora Prep
1 Drainage Line Set
1 16G 1 ½ “ needle
1 Pleurx Valve Cap
1-2 Evacuated Containers (Glass Vacuum Bottles)
Sharps 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 form 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 Chlora 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