

CHEST DRAIN FLUSHING IN ADULT PATIENTS

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Chest drains may require regular flushing to avoid catheter blockage, especially if a small-bore flexible catheter is used. This guideline is intended for use in adults with a chest drain in situ who have a medical/surgical prescription for chest drain flushing

This guideline is for use by the following staff groups :

Qualified Nursing And Medical Staff

Lead Clinician(s)

Clare Hooper

Consultant Physician
(Respiratory Medicine – WRH)

Approved by Accountable Director on:

4th May 2018

Review Date:

6th November 2020

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

| Date | Amendment | Approved by: |
|----------------------|--|----------------------------|
| 18/06/2015 | Document reviewed and no changes made | |
| <u>August 2017</u> | <u>Document extended for 6 months as per TMC paper approved on 22nd July 2015</u> | <u>TMC</u> |
| <u>December 2017</u> | <u>Sentence added in at the request of the Coroner</u> | |
| <u>December 2017</u> | <u>Document extended for 3 months as per TLG recommendation</u> | <u>TLG</u> |
| <u>March 2018</u> | <u>Document extended for 3 months as approved by TLG</u> | <u>TLG</u> |
| May 2018 | Document reviewed and approved with no changes for further two years | Clare Hooper/Heather Lloyd |
| May 2020 | Document extended for 6 months during COVID period | |

CHEST DRAIN FLUSHING IN ADULT PATIENTS

Introduction

Chest drains may require regular flushing to avoid catheter blockage especially if a small-bore flexible catheter is used. This decision is made by the medical staff, prescribed on the Trusts prescription chart and documented in the medical notes..

Details of Guideline

Ensuring safe practice

Nursing elements of this procedure are to be carried out by a Registered Nurse (RN) Adult, who is a band 5 nurse or above, who has worked on a respiratory area for a minimum of 6 months, who has undergone a period of assessment to certify competence, and is working in an area where adult patients with chest drains are a regular occurrence (ie;at least 5 drains per month).

This competency will require at least 10 chest drain flushes supervised by either the ward Registrars/SHO's or a nurse who possesses this competency and has a qualification in teaching and assessing.

Patient group covered

Adults with a chest drain in situ who have a medical/surgical prescription for chest drain flushing.

Guideline

Equipment – check intact/expiry date

Dressing trolley
 Sterile dressing pack
 Sterile gloves
 Apron
 Chloroprep swab
 1 x blue needle
 20-30mls 0.9% Sodium Chloride
 1 x 20 or 50ml luer lock syringe

| PROCEDURE | RATIONALE | WHO |
|---|---|-----------|
| Assess indication for procedure and check prescribed on prescription chart | To determine the drain is at risk of blockage or impeding drainage and requires flushing. | RN/Doctor |
| Identify patient as per policy, check name, date of birth and hospital number match those on the prescription chart and wristband | Ensure correct patient identified | RN |
| Explain procedure to patient and provide reassurance | To gain patients consent and co-operation | RN |
| Put on apron and decontaminate hands as per policy | To prevent cross infection and contamination of wound site | RN |

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| | | |
|--|--|----|
| Examine the chest drain and its dressing externally, ensuring it is not dislodged | To ensure the drain is patent prior to the procedure | RN |
| Clean the trolley as per policy, place equipment on bottom of trolley | To prevent cross contamination | RN |
| Decontaminate hands and assemble equipment as required | To prevent cross contamination | RN |
| Cleanse three way tap port using chloraprep swab | To prevent cross contamination | RN |
| Draw up 20-30mls Sodium chloride 0.9%. Turn tap off to patient and then connect luer lock syringe. Close tap to chest drain bottle, slowly flush 10mls of Sodium chloride 0.9% into thoracic cavity. Take care not to exert any undue pressure. Turn tap off to patient and flush 10-20mls of Sodium chloride 0.9% into the under-water seal drain. Turn tap off and remove syringe, replace cap on three way tap. | To deliver flush | RN |
| Open tap from patient to under-water seal drain. Ask patient to cough/take a deep breath. | To facilitate drainage | RN |
| Observe drain bottle/tubing for evidence of bubbling/swinging. | To assess patency | RN |
| Dispose of all equipment post procedure as per Trust policy | To prevent cross contamination | RN |
| Ensure patient is left in a comfortable position with drain placed below chest level and on the same side as inserted. | To aid drainage | RN |
| Document procedure as per Trust policy by signing the prescription chart, inform doctor if any complications and continue to monitor fluid drainage on chest drain observation chart. | For accurate record keeping as per BTS guidelines | RN |

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Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|---|--|--|---|--|-------------------------|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| | Ensure correct patient, drain is patent and procedure documented. | Spot checks of pleural drainage and prescription charts and review of nursing documentation. | 4 times a year | Ward manager/Nurse Practitioner | Respiratory physicians. | 4 times a year |

References

- British Thoracic Society (2010) *Management of pleural infection in adults. British Thoracic Society pleural disease guideline 2010*
- Department of Health (2007) *Saving Lives High Impact Intervention*
- Royal Marsden (2006) *Clinical Nursing Procedures* 6th Edition Oxford Blackwell

CONTRIBUTION LIST**Key individuals involved in developing the document**

| Name | Designation |
|---------------|---|
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| Clare Hooper | Consultant Physician – Respiratory Medicine - WRH |

Circulated to the following individuals for comments

| Name | Designation |
|--------------------|-----------------------------|
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| Dr C. Hooper | Consultant physician (WRH) |
| Professor O’Hickey | Consultant physician (WRH) |
| Jane Rutter | Matron AMU (WRH) |
| Lynn Dale | Respiratory Matron |
| Mini Isaac | Ward Manager (Laurel 2 WRH) |
| Sarah Connop | Pharmacist (WRH) |

Circulated to the following CD’s/Heads of dept for comments from their directorates / departments

| Name | Directorate / Department |
|------|--------------------------|
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| | |

Circulated to the chair of the following committee’s / groups for comments

| Name | Committee / group |
|------|-------------------|
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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|----|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | No | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | NO | |
| | • Nationality | NO | |
| | • Gender | NO | |
| | • Culture | NO | |
| | • Religion or belief | NO | |
| | • Sexual orientation including lesbian, gay and bisexual people | NO | |
| | • Age | NO | |
| 2. | Is there any evidence that some groups are affected differently? | NO | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | NO | |
| 4. | Is the impact of the policy/guidance likely to be negative? | NO | |
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | N/A | |
| 7. | Can we reduce the impact by taking different action? | N/A | |

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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It is the responsibility of every individual to check that this is the latest version/copy of this document.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval