

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 540.14
Subject	Critical Care Paramedic Treatment Protocols THORACOSTOMY TUBES	Page 1 of 2
References	California Code of Regulations Title 22, Division 9, Chapter 4	Effective 06/01/2018

I. PURPOSE

To authorize CCPs to monitor existing placed thoracostomy or pig-tail catheter tubes during scheduled interfacility transport.

II. POLICY

- A. Only authorized CCPs will be permitted to monitor thoracostomy tubes during scheduled interfacility transports.
- B. **CCPs may not perform placement of thoracostomy tubes.**

III. PROCEDURE

- A. The collection receptacle must be kept below the level of the chest to prevent drained fluid from re-entering the pleural space. Do not allow the collection receptacle to tip over.
- B. If hemorrhage occurs through the chest tube, observe for signs and symptoms of shock and treat according to protocol. If hemorrhage of >750cc of blood occurs through the chest tube, notify the base hospital and continue to observe for signs and symptoms of shock and treat according to protocol.
- C. Mechanical suction rates must remain constant during the transport with no regulation of the rate being performed by the CCP. If decompensation occurs, the CCP may place on suction.

IV. COMPLICATIONS

- A. If the thoracostomy tube is partially pulled out:
 - 1. **Do not push the tube back into the chest.**
 - 2. **Secure the tube with tape.**
- B. If the thoracostomy tube is completely pulled out, place an occlusive dressing over the insertion site.
- C. If air leaks are present, check all connections.
- D. If the patient becomes dyspneic:
 - 1. **Assess breath sounds and perform a thorough cardiopulmonary exam**
 - 2. **Contact the base hospital (needle thoracostomy may need to be performed).**

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V. PRECAUTIONS

- A. Don't pull on the thoracostomy tube to prevent accidental dislodging of the tube.
- B. Do not permit dependent loops or kinks to form in the tubing, as this will interfere with the flow of drainage leading to increased pleural pressure or formation of clots.
- C. Do not disconnect the drainage system or puncture the tubing. Tape all connections securely to prevent violation of sterility and loss of negative pressure.