

Assessment for chest tube removal

Equipment required	Rationale	Equipment assembled
Basic dressing pack	Provides a sterile field to perform procedure	
Forceps	To remove dressing	
Scissors	To remove dressing	
Stitch cutter	To remove anchoring suture	
Steri-strips	To close skin edges if wound closure suture not present	
Gauze squares	Wound dressing	
Cleaning solution - normal saline or Betadine	Alcohol based solutions can cause unnecessary burning and pain on raw skin edges	
Blue protective liner	Protect the bed area from splashes	
Clamps	To clamp chest tube and prevent accidental spills	
Adherent dressing	Secures the dressing and left intact for at least 24 hours	
PPE		
Gloves	Maintain a physical barrier between the nurse and the patient	
Apron	Protect nurses clothing from potential splashes	
Face Shield or mask and goggles	Protect the oral and eye mucosa from potential splash injury	
Waste container	To dispose of contaminated waste	

Technique	Achieved	Not achieved
Review the breathing technique that the patient will use during the procedure.		
Discontinue suction		
Perform social hand wash, don personal protective equipment, and put on gloves		
Remove dressing , anchoring device, release locking mechanism – loop tubing and place under the patients hip to support chest tube once dressing is removed		
Don PPE and set up sterile field with required equipment		
Clean insertion site using aseptic technique and ensure stitch has been cleaned		
Untie the wound closure suture and remove anchoring suture. Ensure chest tube is non adherent to skin edges or anchored by another suture by gently withdrawing tube about half a centimetre		
Have patient perform breathing technique		
Place gauze dressing over chest tube and support with non-dominant hand		
Remove drain in a brisk firm movement with dominant hand while supporting drain site with non-dominant hand		
Assistant ties wound closure suture		
Apply and secure dressing		
Dispose of waste and used equipment – wash hands		
Educate patient as to what signs and symptoms to notify and reposition to promote comfort		
Assess and document the patients observations		
Document removal and organise x-ray		

Pass Further supervision required

Signature of assessor: Date __/__/____

Signature of participant:.....