ICU Self-Learning Module

Adding, Replacing, or Removing PleuraFlow in the ICU
Disclaimer:
The following is provided for educational purposes only and is not medical advice or instruction. Consult product labels and inserts for complete instructions, indications, contraindications, warnings, precautions, and potential complications.
Objectives

At the end of this training module, the learner will be able to:

• Describe the reasons for adding, replacing, and removing the Clearance Apparatus

• Verbalize the technique for adding, swapping, and removing the Clearance Apparatus
Adding the Clearance Apparatus

- A user may wish to add a Clearance Apparatus to a PleuraFlow Chest Tube when:
  - A postoperative protocol (e.g. based on chest tube output) indicates that adding a PleuraFlow
  - Clotting is observed in the chest tube
Adding PleuraFlow

1. Verify:
   - PleuraFlow Chest Tube is in place
   - Chest Tube French Size
   - Chest Tube is Properly Cut

2. Prep
   - Clean hands and put on non-sterile gloves
   - Position drape or absorbent pad beneath connections
   - Have an assistant help to maintain aseptic technique
3. Remove
   • Temporarily clamp chest tube and drainage tube per institutional policy
   • Using aseptic technique, disconnect the chest tube and drainage canister tubing from the connector
     • DO NOT CUT THE CHEST TUBE. THE CHEST TUBE MUST ONLY BE CUT TO THE CALIBRATED LENGTH AS INDICATED BY THE CUT LINE.

4. Attach
   • Swab tubing connection sites with aseptic swab per local protocol
   • Aseptically attach Clearance Apparatus to chest tube and drainage tube
   • Remove clamps
   • Actuate and park Clearance Apparatus
Replacing PleuraFlow

• A user should consider replacing the Clearance Apparatus if:
  • The Clearance Wire gets bent or deformed such that it does not properly function
  • Significant drainage residue accumulates on the Clearance Wire and cannot be adequately cleared
Replac[ing PleuraFlow

1. Verify:
   • PleuraFlow Chest Tube is in place
   • Chest Tube French Size
   • Chest Tube is Properly Cut

2. Prep
   • Clean hands and put on non-sterile gloves
   • Position drape or absorbent pad beneath connections
   • Have an assistant help to maintain aseptic technique
3. **Remove**
   - Completely withdraw the Clearance Wire from the chest tube
   - Temporarily clamp chest tube and drainage tube per institutional policy
   - Using aseptic technique, disconnect the chest tube and drainage canister tubing from the proximal and distal connectors
     - DO NOT CUT THE CHEST TUBE. THE CHEST TUBE MUST ONLY BE CUT TO THE CALIBRATED LENGTH AS INDICATED BY THE CUT LINE.

4. **Attach**
   - Swab tubing connection sites with aseptic swab per local protocol
   - Aseptically attach Clearance Apparatus to chest tube and drainage tube
   - Remove clamps
   - Actuate and park Clearance Apparatus
Removing PleuraFlow

• A user may wish to remove the Clearance Apparatus if:
  • Active clearance is no longer needed but continued drainage is required
  • The patient needs an MRI
Removing PleuraFlow

1. Prep
   • Clean hands and put on non-sterile gloves
   • Position drape or absorbent pad beneath connections
   • Have an assistant help to maintain aseptic technique

2. Remove
   • Completely withdraw the Clearance Wire from the chest tube
   • Temporarily clamp the chest tube and drainage tube per institutional policy
   • Using aseptic technique, disconnect the chest tube and drainage canister tubing from the proximal and distal connectors

3. Attach
   • Swab tubing connection sites with aseptic swab per local protocol.
   • Aseptically connect the chest tube and drainage tube to a standard male-male connector.
   • Remove clamps