changes in a patient's respiratory status.

Signs and symptoms of infection or skin breakdown.

Palpate for the presence of subcutaneous air.

Interventions

Notify the physician of any changes in the quantity or quality of drainage.

If 3 ml/kg/hr or greater of sanguinous drainage occurs for 2 to 3 consecutive hours after cardiothoracic surgery, it may indicate active hemorrhaging and warrants immediate attention of the physician.

Change dressing and perform site care per hospital policy. Typically, a minimal, occlusive dressing is applied.

When the collection chamber is almost full, exchange existing drainage system with a new one per manufacturer's instructions using sterile technique.

To lower the water column, depress the manual vent on the back of the unit until the water level reaches 2 cm. *Do not depress the filtered manual vent when the suction is not functioning or connected.*

If evacuation of a pneumothorax was not the indication for placement of the chest tube, bubbling in the water seal chamber may be the result of a break in the chest drainage system. Identify the break in the system by briefly clamping the system between the drainage unit and the patient. When the clamp is placed between the unit and the break in the system, the bubbling will stop. Tighten any loose connections. If the air leak is suspected to be at the patient's chest wall, notify the physician.

Encourage patient ambulation. Secure chest tube drainage system to prevent chest tube dislodgment from patient or disconnection from drainage system.