Assess for blood clots and fibrin strands in tubes with sanguinous or serosanguineous drainage and ensure that there are no obstructions to drainage in the tube. Maintain chest tube clearance per hospital policy. Milking or stripping of chest tubes is not recommended for chest tube clearance because of the high negative intrathoracic pressure that is created. However, some special circumstances warrant chest tube clearance with these methods, such as maintaining chest tube patency while a patient is bleeding. Notify the physician immediately if chest tube obstruction is suspected. Generally, chest tubes should not be clamped. However, it may be necessary to clamp a chest tube when exchanging the collection chamber or to determine the site of an air leak (see Nursing Care Guidelines box).

Nursing Care Guidelines

Ongoing Patient and Chest Drainage System Assessment

Drainage type (sanguinous, serosanguineous, serous, chylous, empyemic), color, amount, consistency. If there is a marked decrease in the amount of drainage, assess for drainage around the chest tube insertion site.

Dressing clean, dry, and intact.

Chest tube sutures are intact.

Prescribed amount of suction is applied.

Water level is at 2 cm. If the water column is too high, the flow of air from the chest may be impeded.

Bubbling in the water seal chamber is normal if the chest tube was placed to evacuate a pneumothorax. The bubbling will stop when the pneumothorax has resolved.

Fluctuations may be seen in the water column because of changes in intrathoracic pressure. Substantial fluctuations may reflect