

Chest Tube Placement Policy

Purpose:

To define the procedure for placement of chest tubes in the ED and the appropriate admitting service.

Policy:

Background:

1. The departments of Emergency Medicine, Internal Medicine, Family and Community Medicine, and Surgery including the divisions of Pulmonary/Critical Care, Hospitalists and Trauma have agreed to the following guideline.
2. This guideline has emerged from the understanding that emergency physicians need to develop and maintain skills in the placement of chest tubes, and that when these patients are admitted to medical (Internal Medicine or Family Medicine) or Trauma services the admitting service has an interest in the careful and correct performance of the procedure. All stake holders therefore should have some role in the performance or supervision of this procedure in the ED.
3. This policy guideline to patients in the Emergency Department at University Hospital.
4. This policy guideline to adult patients.
5. Any patient which does not fit under this guideline will be managed through collaboration between all interested services.

Implementation for Trauma Patients:

1. Trauma patients who need placement of a chest tube will be admitted to the trauma service.
2. Trauma patients who are a "Trauma Alert" tapped trauma will have the chest tube placed by the Trauma Service.
3. Trauma patients who are NOT "Trauma Alert" tapped trauma will have the chest tube placed by the Emergency Medicine resident/attending.
4. In the case of a trauma patient with a chest tube being placed by the EM resident the Trauma service will be called in advance and given the option to be present during chest tube placement.
5. If the patient requires emergent chest tube placement for a life threatening condition the trauma team will be called as soon as possible but the procedure will not be delayed.

Implementation for Medicine Patients:

1. Medicine patients (no history of trauma) who need placement of a chest tube will be admitted to the General Internal Medicine or the Family and Community Medicine service (based on existing protocols) with a consult from the Pulmonary service.
2. The chest tube will be placed by the EM resident if the procedure is done in the ED. The Pulmonary service will be called in advance and given the option to be present during chest tube placement.
3. If the patient requires emergent chest tube placement for a life threatening condition the Pulmonary team will be called as soon as possible but the procedure will not be delayed.
4. The Pulmonary fellow will be called by the ED at the time of admission to advise them of the patients' condition and placement of the chest tube. The Internal Medicine or Family Medicine admitting team will also contact the Pulmonary team to verify that they are aware of the patient.

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