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| **Name** | **Device Image** | **Suction/Water Seal** | **Safety** | **Other Information** |
| **Atrium Oasis** | **[Image result for chest tube atrium](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjLkNmgpKDXAhXKtxQKHTW2CPQQjRwIBw&url=http://www.atriummed.com/en/chest_drainage/oasis.asp&psig=AOvVaw3DALUo9p9IMjtyNn4OO6mh&ust=1509725593162885)**  **Oasis**  bellow  *Mini*  **C**  *Large* | **General Information:**   * Need specific physician orders for suction or water seal * Suction control dial on side of chest tube used to regulate suction pressure   **Water Seal:**   * 2 cm of sterile water (included on back of atrium) is necessary in the large atrium at all times and will provide the water seal if no suction is ordered   **Wall Suction:**   * Preset to -20 mmHg, may increase or decrease to prescribed level * Need order for patient to be off suction for ambulation * Hook to wall suction (**directly to suction head- do not use the suction canister**) * Wall suction regulator needs to be **at least 80mmgHg**   + **Large Atrium:**   The bellow must be expanded across the suction monitor window to the triangle   * + **Mini Atrium:**   Look at “C” to ensure the correct amount of suction, a check mark should show up in the space. | * 2 metal chest tube clamps are required and should be visible at patient’s head of bed * If declotting is indicated, contact the *Rapid Response nurse* to complete procedure * **Accidental dislodgement**: Place sterile dressing on site (at end of expiration) and tape on 3 sides. Monitor patient condition and notify provider immediately * Tubing should be secured and assure there are **NO dependent loops or kinks** in tubing | **Changing Atrium:**   * Directions can be found in the new atrium package * Double clamp tubing and attach tubing to new atrium using quick release connector * **For large atrium only:** Add 45 ml of sterile water via the blue   suction port located on top of the drain   * + There is **NO water added** to the chamber on the mini atrium   Large Oasis Overview:  C:\Users\ahorning\Downloads\qrcode_www.getinge.com.png  Mini Atrium Overview:  C:\Users\ahorning\Downloads\qrcode_www.getinge.com (1).png |
| **Name** | **Device Image** | **Suction/Water Seal** | **Safety** | **Other Information** |
| **PleurX™ Catheter** |  | PleurX™ Quick Guide:  C:\Users\ahorning\Downloads\qrcode_www.bd.com.png  \*Indications have expanded to draining abdominal ascites in some patient circumstances  \*Commonly used in Interventional Radiology (IR). Please reach out to IR with further questions.\* | \*With any further questions, reference the manufacturer quick guide or contact the help line | * Kit comes complete with the PleurX™ materials needed for insertion and materials patient will need for home care (do not use the extra bottles on the unit, these are sent home with the patient at d/c until their supplies arrive via mail) * For patients discharged with a PleurX™, paperwork is to be completed by provider in procedural area and handed off to floor staff at SBAR. This information is then faxed to CareFusion for supplies prior to discharge. |
| **Tru-Close®**  **(Thoracic Vent)**  **(UreSil)** |  | * Remove suction tubing included in the Tru-Close® packaging. * Close clamp on the tubing set while the set is being connected. * Insert the cannula through the self-sealing port on the thoracic vent and lock it in place by twisting the luer lock. * Attach the tubing to the suction system and then open clamp. * Set appropriate amount of suction.   **Suction connects directly to suction head on wall (not through the suction canister)**. Always clamp tubing when suction is not applied. If suction is no longer required, remove it and immediately seal the self-sealing port with the attached plug. | **\*\*\*Commonly placed in ER and patient is discharged home. Contact ER with further questions\*\*\***  Remove fluid from the device as needed. The collection chamber cannot hold more than 30 ml of fluid. A large amount of fluid in the device may indicate a hemothorax or injury to the lung and requires additional investigation. Bottom luer lock is used to remove fluid. | * The kit includes the blunt needle connected to the suction tubing if connecting to suction.   Thora-vent (Tru-Close®) Guide:  C:\Users\ahorning\Downloads\qrcode_uresil.com.png |
| **Name** | **Device Image** | **Suction/Water Seal** | **Safety** | **Other Information** |
| **Pneumodart**  (Cook Emergency Pneumothorax Set) |  | * Set up chest tube atrium – Follow set up directions for your selected atrium system. * Attach chest tube atrium to flutter valve. | Confirm that placement of the chest tube is for removal of air.  Rationale: Chest drain valves are not for removal of fluid. A chest drainage system is needed if the patient has fluid in the pleural space. | Ensure the flutter valve is correctly attached. Inserting it backwards prevents air egress from the pleural cavity and may result in the development of a tension pneumothorax |

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| **Substitute Chest Drainage Systems** | | | | |
| **Name** | **Device Image** | **Suction/Water Seal** | **Safety** | **Other Information** |
| **Atrium Express**  **(Substitute #1)** |  | * Fill water seal chamber (C) to fill line   by syringe (included) with 30 ml of sterile water or sterile saline via the needleless Luer port located on the back of the drain.  **Wall Suction:**   * Atrium suction control dial   + Suction regulator is preset to -20 cmH2O. Adjust as ordered. * Need order for patient to be off suction for ambulation * Hook to wall suction (**directly to suction head- do not use the suction canister**) * Wall suction regulator needs to be **at least 80mmgHg** | * 2 metal chest tube clamps are required and should be visible at patient’s head of bed * If declotting is indicated, contact the *Rapid Response nurse* to complete procedure * **Accidental dislodgement**: Place sterile dressing on site (at end of expiration) and tape on 3 sides. Monitor patient condition and notify provider immediately * Tubing should be secured and assure there are **NO dependent loops or kinks** in tubing | **Changing Atrium:**   * Directions for set up can be found in the new atrium package * Double clamp tubing and attach tubing to new atrium using quick release connector   Atrium Express Set-up Reference:  C:\Users\ahorning\Downloads\qrcode_getinge.showpad.com.png |
| **Atrium Oasis Blood Recovery Unit**  **(Substitute #2)** |  | * Fill water seal chamber © to fill line   by syringe (included) with 30 ml of sterile water or sterile saline via the needleless Luer port located on the back of the drain.   * The extra tubing on top of atrium is for auto transfusion only by a trained professional.   **Wall Suction:**   * Atrium suction control dial   + Suction regulator is preset to -20 cmH2O. Adjust as ordered. * Need order for patient to be off suction for ambulation * Hook to wall suction (**directly to suction head- do not use the suction canister**) * Wall suction regulator needs to be **at least 80mmgHg** | **Changing Atrium:**   * Directions for set up can be found in the new atrium package * Double clamp tubing and attach tubing to new atrium using quick release connector   Set-up is the same as the standard Oasis chest drainage system. |
| **Substitute Chest Drainage Systems** | | | | |
| **Name** | **Device Image** | **Suction/Water Seal** | **Safety** | **Other Information** |
| **Teleflex A-6000 Series**  **(Substitute #3)** |  | * Sterile water (included)   + Required to add upon set-up regardless of wall suction or water seal. * Suction control dial   + Preset to -20 mmHg, may increase or decrease to prescribed level * Suction indicator   + Turn on suction until orange float appears in indicator window | * 2 metal chest tube clamps are required and should be visible at patient’s head of bed * If declotting is indicated, contact the *Rapid Response nurse* to complete procedure * **Accidental dislodgement**: Place sterile dressing on site (at end of expiration) and tape on 3 sides. Monitor patient condition and notify provider immediately * Tubing should be secured and assure there are **NO dependent loops or kinks** in tubing * Assess level of fluid every shift. Fluid may evaporate. | Teleflex A-6000 Guide:  C:\Users\ahorning\Downloads\qrcode_www.teleflex.com (1).png  Pleura-Evac A-6000 & Oasis Comparison Guide:  C:\Users\ahorning\Downloads\qrcode_www.teleflex.com.png |
| **Atrium Ocean**  **(Substitute #4)** |  | * Sterile water (not included) to be added to water seal chamber via funnel. Fill funnel until water is at the top & raise funnel to empty water into the water seal chamber to the 2 cm line. Discard funnel after use.   + If overfilled past 2 cm, follow manufacturer’s instructions. * Fill suction control chamber to -20 cmH2O suction pressure level by removing tethered vent plug, add water, & replace vent plug.   + To obtain pressure greater than -20 cmH2O follow manufacturer instructions. * Suction control stopcock present on the tubing. Do not adjust this. | Video for set-up & maintenance.  C:\Users\ahorning\Downloads\qrcode_www.youtube.com.png |