

UCSD MEDICAL GROUP & CLINICAL GUIDELINES

DIAGNOSIS	Non-Operative Penetrating Chest Trauma or Blunt Pneumo/Hemothorax with Chest Tube
CARE MANAGEMENT GOAL	
PREADMISSION	Generally minimal opportunity for preoperative intervention
ACUTE	Monitor daily progress. Coordinate multiple professional caregivers as appropriate. Aid in transition to home or care facility. Anticipate needs at discharge.
RECOVERY FACILITY	Care facility required for complex cases.
HOME	May require home care for assistance with wounds or other therapies.
DAY 1	Consider IMU/ICU admission for elderly patients, or if other complicating factors exist. NPO. Chest tube to suction, follow chest tube output. Follow-up chest x-ray. Adequate analgesia, consider need for epidural. Aggressive pulmonary toilet. Weaning parameters BID by RT. OOB to chair while CT on suction.
DAY 2	Advance diet. Chest tube to suction, follow output. Morning chest x-ray. Adequate analgesia. Aggressive pulmonary toilet. Weaning parameters BID by RT. OOB to chair while CT on suction.
DAY 3	If no air leak, chest tube to water seal, otherwise continue suction. Follow output. Morning chest x-ray. Analgesia, possible change to oral route.

Aggressive pulmonary toilet. Ambulate TID once chest tube is off suction.

DAY 4

Check chest x-ray after 6-8 hr on water seal, if lung expanded and output <150cc/24hr remove tube. Recheck chest x-ray 6 hrs post removal, discharge if lung expanded. Keep site dressing in place x 48hr. Change analgesia to oral.

GOAL LENGTH OF STAY

4 days. Persistent air leak or persistent chest tube output may lengthen stay.

KEY OUTCOMES

1. Adequate analgesia.
2. Respiratory parameters maintained within acceptable limits.
3. Full expansion of lung and adequate evacuation of hemothorax.
4. Patient demonstrates and verbalizes understanding of wound/dressing care at discharge.

This guideline is to be used to assist in clinical efficiency, but is not a substitute for clinical judgment.