



Patient Name: _____

Patient Teaching Guide for Chest or Abdominal Drainage Catheter

Your Doctor has placed a drainage catheter so that you can manage your fluid at home. This catheter may be around your lung to manage a fluid buildup called a “Pleural Effusion” or in your abdomen to manage a fluid buildup called “Ascites”. In either case, removing this fluid at home will make you more comfortable and make it easier to breath. It will also help you to remain at home and avoid going back to the hospital. Your nurse will perform the drainage procedure and dressing changes according to the doctor’s order. How often you need to be drained changes over time, so the nurse will monitor your progress and keep the doctor informed. In time, you or a caregiver may be taught to perform the drainage procedure if able.

The Drainage catheter has 3 sections:

- The inner section has holes for drainage. This section remains in your body, under the skin. There is a polyester cuff that helps keep the catheter in place.
- The outer section remains outside of your body. This is the part you can see when the dressing is removed. The end of the catheter must have a cap in place to keep it clean.

Your drainage system is called: _____

Your catheter will be drained: _____

Maximum amount of fluid to be drained: _____

Your dressing will be changed: _____

Safety and Care of the Drainage Catheter

NEVER USE SCISSORS or ANY SHARP OBJECT NEAR or AROUND the CATHETER.

- If the catheter is cut or breaks, **IMMEDIATELY** pinch catheter with your fingers
- Slip the emergency slide clamp onto the catheter
- Call your Doctor and go to the nearest emergency room



The Nurse will check your catheter for any changes or signs of infection. The doctor should be notified if:

- Drainage amount is less than 50 ml three times in a row.
- Drainage suddenly stops or there is a change in your usual drainage pattern.
- Drainage color or amount has changed significantly since the last drainage.
- You have no relief of your symptoms after drainage is complete.
- You have any signs or symptoms of infection.

Signs and Symptoms of Infection: You should check your temperature every day.

- Redness (erythema) and/or pain where the catheter leaves the body.
- Warmth to touch or swelling
- Fever greater than 100.5°f
- Pus or drainage from around the catheter site



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Possible Serious Complications:

In addition to the risk of infection, your nurse will instruct you about the signs of other possible serious complications with use of your drainage catheter. These are uncommon and you should contact your doctor or seek emergency attention if you experience any of the following:

- Chest Catheter: Pneumothorax (collapse of the lung); Pulmonary edema (fluid that collects in the lungs as a result from the lung re-expanding); a drop in blood pressure; circulatory collapse (shock).
- Abdominal Catheter: A drop in blood pressure, circulatory collapse (shock); electrolyte imbalance; protein depletion (low protein levels); peritonitis (infection in the abdomen).

Your dressing must stay clean, dry and intact:

- The dressing must be changed *at least* weekly, but it is often changed more frequently.
- If your symptoms require you to drain your catheter frequently, the capped end may remain uncovered for access between dressing changes.
- You may shower with a pleural catheter if your doctor agrees. The clear dressing will keep the dressing dry but you must make sure that it is intact. If your catheter end remains out because you have more frequent draining schedule, your nurse will show you how to cover and protect it.

During the drainage procedure:

- For a pleural catheter, you may experience some chest discomfort or coughing. This may improve by slowing down the drainage flow. If the pain continues, notify your nurse or doctor.
- Sometimes the drainage doesn't flow right away or is "sluggish". Your nurse may ask you to change your position, move your arm, or cough to improve the flow.
- The drainage procedure usually takes approximately 5 – 15 minutes. However, every patient is different. You and your nurse will learn what your usual pattern of drainage is.

Your drainage:

- Record the amount and appearance of your drainage on the Drainage Log. Be sure to bring this log to all appointments so that the doctor can follow your progress.
- Your nurse will teach you how to dispose of the drainage and equipment. Different drainage systems have slightly different equipment. Follow manufacturer's recommendations that are included in your delivery.
- Pour all drainage in your toilet. Then flush with the lid down. If you are receiving chemotherapy, flush the toilet twice. Caregivers should always wear gloves when assisting you.
- Once emptied, your emptied drainage bottle should be replaced into the original package, then into a plastic bag for disposal in the regular trash.

Notes and Questions for my doctor or nurse: _____

References

American Thoracic Society. "Pleural Disease." 145-154. Thoracic.org. 2014.

Light, Richard. *Pleural Diseases*. 5th. Philadelphia: Lippincott Williams & Wilkins, 2007.

B. Braun Interventional Systems

<http://www.carefusion.com/medical-products/interventional-procedure/drainage/pleurex/> (accessed March 5, 2014)

