Ambulatory Chest Drains – Parent/carers instructions

Why does your child have an ambulatory chest drain?

These drains are used when chest drain losses are expected to continue for several days or weeks and we want to make it easier for your child to mobilise.

What do you need to know about these drains?

- They use a dry seal valve and not water
- The drains should be lower than the chest ideally but it is not essential at all times like it is for underwater seal drains
- They are small and hang from the bed or can be attached to the child using velcro straps to make it easy for them to mobilise.
- When they are full they can be emptied using a syringe
- The drain should not be tipped upside down – it will still work and your child will be safe if it does get tipped upside down but fluid may leak from the top of the drain.
- Occasionally a tick may appear in window C on the front of the drain – it does not matter whether the tick is there or not, the drain is still working.

Safety Checks

The most important thing is that the connections are secure and do not become disconnected.

You will need to check the drain and the tubing regularly:

- After any change of position e.g. from bed to chair,
- Before and after mobilising
- If the drain is pulled on or caught up
- If your child tells you that they have increased pain, difficulty breathing or they change colour (become more blue).

What needs to be checked (safety checks)?

- That the length of the chest drain from skin to the first connection is correct.
- That the tubing connections are all attached, connected and secure – see picture.
- That the dressing and anchoring are secure.
- That there are no chest drain eyelets visible outside of the skin.
Problems and Troubleshooting

What to do if the drain comes out
This is not likely to happen but occasionally the sutures may stretch or the drain may get pulled on in which case you need to:

▪ Check that the drain is completely out - If the drain is only halfway out or you can see eyelets outside the skin you need to remove the drain completely as a drain that is half-in half-out is dangerous (if the suture gets caught up just cut it with scissors) and pull the drain out completely).
▪ Place your hand over the hole in the skin and apply pressure.
▪ Get your child into a comfortable position and try to keep them calm.
▪ From your emergency kit cover the hole with a square of gauze and then apply a comfeel dressing over the top – ensure this is sealed to the skin on all 4 sides.
▪ Seek urgent medical review:
  o call nurse if on the ward
  o call 111 if at home or Ronald McDonald House
  o If off the ward but within the hospital come back to the ward, call us if you are worried, the ward number is 021986945.

What to do if the connections become disconnected:
▪ Re-attach them and secure them well
▪ Watch your child carefully (respiratory rate, work of breathing, colour) – seek urgent medical review if:
  ▪ Respiratory rate increases
  ▪ Child reports difficulty breathing
  ▪ Oxygenation/colour deteriorates.
    o call 111 if off site
    o call nurse urgently if on the ward
    o If off the ward but within the hospital, the ward number is
▪ Repeat safety checks

Emergency Kit
▪ Numbers to call
▪ Emergency card
▪ Gloves
▪ Scissors
▪ Tape to secure dressings
▪ Gauze squares
▪ Comfeel
▪ Chest drain clamps