BARNES-JEWISH HOSPITAL/WASHINGTON UNIVERSITY
Trauma Service
Empyema Tube Guidelines

SUBMITTED/REVIEWED BY: Cristina Loomis RN

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Procedure

1. Attending decides patient has an empyema that will require continued drainage at discharge.
2. Patient is discharged with chest tube and some type of drainage device depending on amount of drainage and duration (minipleurovac, Heimlich valve, sputum trap).
3. Patient is scheduled for weekly visits in clinic.
4. If drainage is less than 20 mL a day, patient can be changed to Heimlich valve as outpatient with follow up CXR in clinic
5. In two weeks if tube is still in place and drainage is low the tube can be changed to a sputum trap as an outpatient with follow up CXR in clinic.
6. Once sputum trap is in place, pull back chest tube approximately 4 cm per week. There may be instances in which the sputum trap no longer works. In this case the end can be dressed with gauze using safety pin attached at end. CXR is NOT required weekly.
7. Consider downsizing the tube to a red rubber if a longer duration of tube advancement is planned due to drainage or other issues.
8. Remove tube completely when less than 4 cm.
9. Schedule early in clinic to have time to get CXR when needed.

Approval:

Dr. Douglas Schuerer, Medical Director, Trauma Service

Note: Individualized, Clinical Judgment Supersedes All Written Guidelines

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