

Instillation of Intrapleural Fibrinolytic Agent

PC 05-c-017 Appendix E

- * Intrapleural medication is only to be administered through a size 14 French catheter or larger

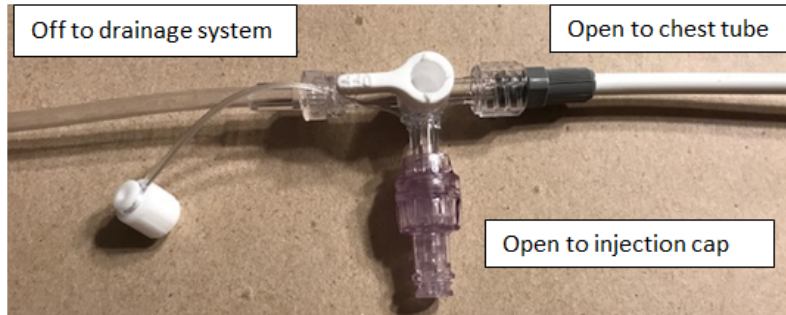
Equipment Required

- Pre-filled Reconstituted medication from pharmacy
- Alteplase medication
- Dornase medication (if ordered)
 - Pharmacy will prepare medication and label “For intrapleural use only”
 - Medication will not be reconstituted by a nurse
- Clean gloves
- 2% chlorhexidine swabs

Procedure

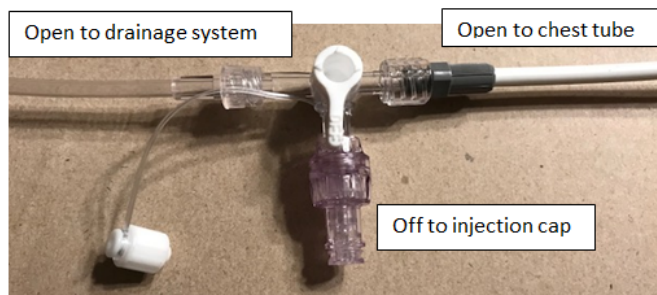
The Registered Nurse and/or Physician will:

1. Verify Physician order for intrapleural instillation.
2. Gather equipment.
3. Perform hand hygiene.
4. Obtain baseline vitals.
5. Explain the procedure to the patient.
6. Turn off suction (if applicable)
7. Position the patient to allow access to the chest tube, ensuring the patient is comfortable.
8. Perform hand hygiene.
9. Don clean gloves.
10. Turn stopcock off to the drainage system.
 - Ensure that an injection cap is attached to the stopcock for administration of the medication
11. If a stopcock is not present:
 - a. Prepare and prime injection cap with NS
 - b. Clamp the chest tube closest to the patient using 2 clamps in opposite direction. Chest tube should be clamped less than one minute.
 - c. Insert the stop cock between the chest tube and the chest drainage tube.
 - d. Remove the chest tube clamps.



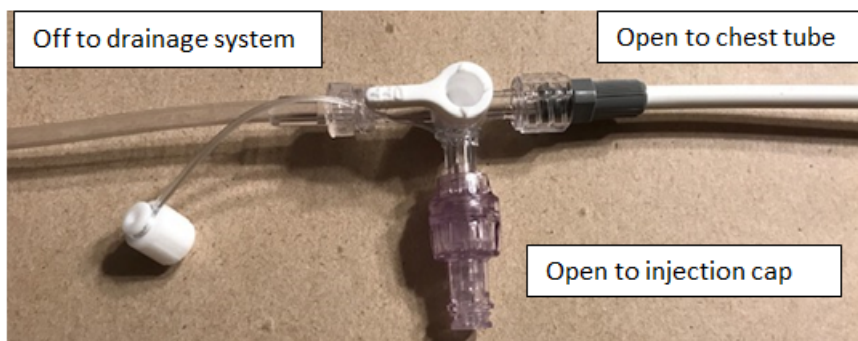
12. Scrub the injection cap with 2% chlorhexidine wipe, for 30 seconds. Allow to air dry.
13. Instil Alteplase medication through the injection cap slowly. If patient has pain, stop procedure.
14. Keep stopcock off to drainage system for allotted time as indicated in physician order in EHR.

If Dornase is not ordered, follow physician's order as per timing before resuming. Turn stopcock off to injection cap (as below) and re-attach back to suction if ordered.

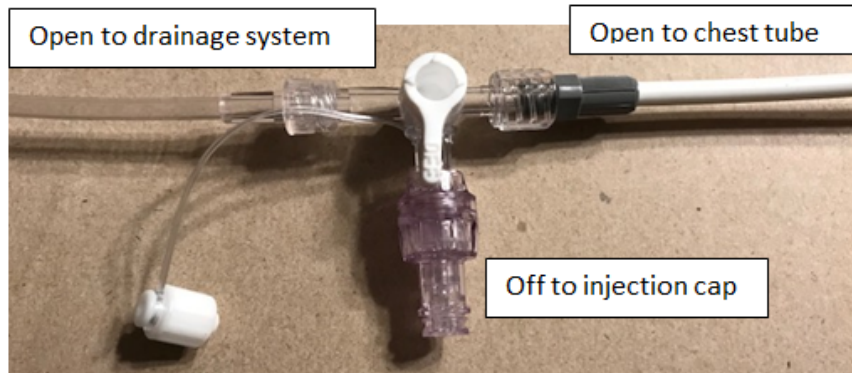


If Dornase medication is ordered to be administered after Alteplase, follow the steps below.

1. Scrub the injection cap with 2% chlorhexidine wipe for 30 seconds. Allow to air dry.
2. Keep stopcock off to drainage system



3. Instil Dornase medication slowly. If patient has pain, stop procedure.
4. Keep stopcock off to drainage system for 1 hour or as indicated in physician order.
5. Once the hour is complete, turn stopcock off to injection cap (as below) and re-attach back to suction if ordered.



6. Clamp tubing if drainage is more than 1500mL. After 1 hour, unclamp and drain up to 1500 mL again and clamp.
7. Observe the patient for chest pain and/or discomfort.
8. Monitor and notify the physician and stop the procedure if any of the following occur:
 - a) Frank hemorrhagic drainage
 - b) Hemoptysis
 - c) Hypotension
 - d) Difficulty breathing and increased oxygen requirements
 - e) Chest pain at chest tube site, erythema, transient confusion and nausea
 - f) Any drainage around the chest tube site
9. Assess the patency of the drainage system once it is attached to the drainage system.
10. Obtain post procedure vital signs and repeat 1 hour following the procedure.
11. Document in the patient's health record and Medication Administration Wizard (MAW)
12. If the patient has more than one chest tube and treatment is ordered, repeat on second chest tube as above.