

CHEST DRAIN - SET UP
ATRIUM OASIS DRY SUCTION UNDER-WATER SEAL DRAINAGE (UWSD)

This LOP is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operations Procedure (LOP). Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. AIM

- To set up an Atrium Oasis dry suction chest drain

2. PATIENT

- Newborns

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- Atrium Oasis Dry Suction Chest Drain
- Suction tubing to connect drain to wall suction (if required)
- Sterilised connector
- Leukoplast tape

NOTE:

- If an infant returned from Operating Theatre to NCC with an Atrium chest insitu, follow steps 7 to 12 (assuming steps 1 to 6 have been attended by theatre staff).

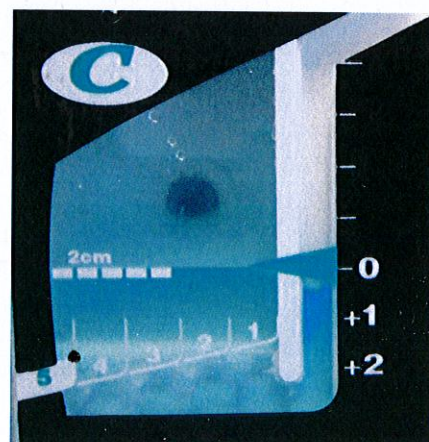
5. CLINICAL PRACTICE

Procedure:

1. Open atrium pack onto a clean work surface.
2. Open the sterile drape.
3. Swing out the floor stand on atrium drain to set drain upright.
4. Slide blue clamp to the entry point where the tube enters to the drain.
5. Remove the ampoule of sterile water from the back of the drain.
6. Twist off the top of the ampoule.
7. Add water from the ampoule to the water seal chamber through the suction port (Picture 1).
8. Fill the water seal chamber to the 2cm "fill" line (Picture 2).



Picture 1



Picture 2

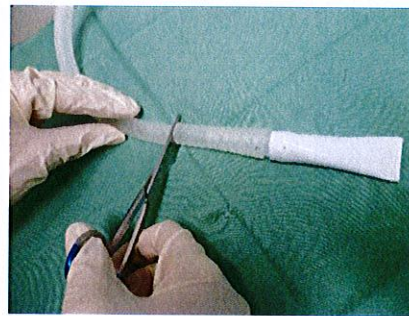
9. **DO NOT** change the setting unless prescribed by the medical team. The suction level is pre-set at -20cm H₂O on the Atrium Drainage System

NOTE: Manufacturer recommends a suction level of -20cm H₂O.

10. Adjust the suction regulator on the drain to the desired level by turning the dial located on the left side of the chest drain for the required suction level (*Labelled A*) if a higher suction is required (Picture 3).
11. Maintain sterility and pass the opaque tubing to the proceduralist to cut the connector off the tubing (Picture 4).
12. Connect the drainage system tubing to the patient. Maintain sterility.



Picture 3

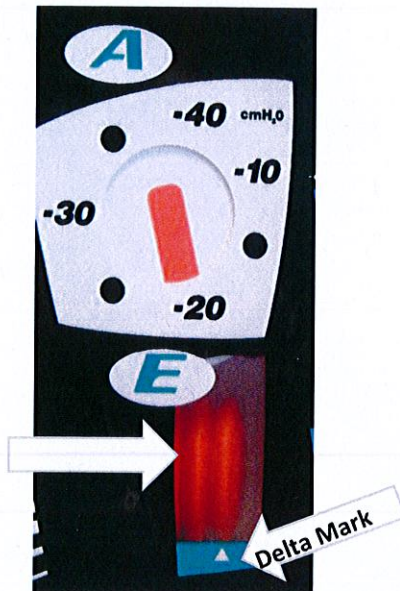


Picture 4

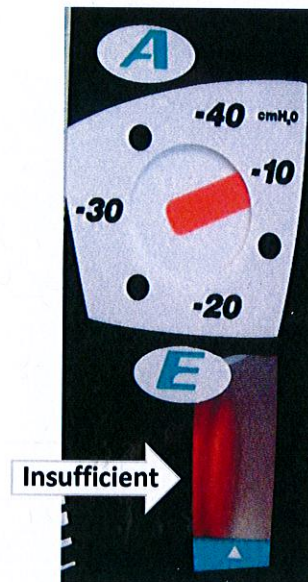


Picture 5

13. Attach suction tubing from the wall to the suction port on top of the drain (Picture 5).
14. Turn on the suction source at the wall. Set the wall suction pressure at a minimum of -100mmHg.
15. Check the suction monitor bellows has extended to the *Delta Mark* (Picture 6).
16. If the bellows is not at or past the delta mark, increase suction pressure at the wall (Picture 7).
17. Hang the drain from the patient bed using the hooks on the top of the drain, always keeping the drain below the level of insertion.



Picture 6



Picture 7

NOTE:

- For suction pressures greater than or equal to -20cm H₂O, the bellows in the suction monitor window (Labelled E) must expand to the delta mark or beyond (Picture 6).

6. DOCUMENTATION

- eMR nursing notes
- Neonatal Observation Chart
- NICUS database

7. RISK RATING

- Low

8. NATIONAL STANDARD

- Standard 1 Governance for Safety and quality in Health Service Organisation

9. ABBREVIATIONS AND DEFINITIONS OF TERMS

UWSD	Under-Water Seal Drainage	NCC	Newborn Care Centre
LOP	Local Operations Procedure		

10. REFERENCES

- Oasis Dry Suction Chest Drains, Instructions for Use. Atrium Medical Corporation, Hudson, New Hampshire 03051, USA.

11. AUTHOR

Primary	24/08/2011	C Moore (CNS)
Revised	Oct 2013	KB Lindrea (CNC), S Bolisetty (Lead Clinician), J Sheils (NE)
	3/07/2018	KB Lindrea (CNC)