

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Home Page: <http://www.azbn.gov>

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: Chest Tubes: Removal of Pleural and Mediastinal Chest Tubes for the Post-Operative Open Heart Surgical Patient

APPROVED: 01/07

REVISED DATE:

ORIGINATING COMMITTEE:

SCOPE OF PRACTICE COMMITTEE

ADVISORY OPINION

CHEST TUBES: REMOVAL OF PLEURAL AND MEDIASTINAL CHEST TUBES FOR THE POST-OPERATIVE OPEN HEART SURGICAL PATIENT

It is within the Scope of Practice for Registered Nurses (RN) to remove pleural and/or mediastinal chest tubes for a post-operative open heart surgical patient if the following criteria are met:

I. General Requirements:

- A. A written policy and procedure is maintained by the employer.
- B. Only RNs who have successfully completed an agency's instructional program and who have had supervised clinical practice and who are able to deal with the potential complications of this procedure are allowed to remove plural and/or mediastinal chest tubes.
- C. Documentation of satisfactory completion of the instructional program and supervised clinical practice will be maintained by the employer.
- D. Removal of mediastinal and/or pleural chest tubes by RNs should take place in monitored units only and are intended for the post-operative open heart surgical patient.

II. The course of instruction and/or policy and procedure should include, but is not limited to, the following:

- A. Anatomy and physiology, nursing management and rationale for both mediastinal and pleural chest tube placement and removal.
- B. Complications of chest tube removal and RN interventions to deal with these complications.
- C. Specifications for the type of supervision and oversight provided by the physician or designee and the proximity and/or availability of the physician to assist with potential complications.

Rationale

A RN can safely remove mediastinal and/or pleural chest tubes for post-operative open heart surgical patients with satisfactory training and supervised clinical practice. Due to the potential complications with this procedure it is important that the RN has proper knowledge of these complications and has resources available to deal with any emergent situations that may occur.

References:

- American Association of Critical Care Nurses, Procedure Manual for Critical Care, 5th Edition, 2005.
- Maryland State Board of Nursing, Declaratory Ruling 97-2, 1997.
- Mississippi Board of Nursing, Position Statement, Removal of Chest Tubes, 2000.
- Nebraska Board of Nursing, Advisory Opinion, Chest Tube Removal, 2000.
- Nevada Board of Nursing, Practice Decision, Removal of Mediastinal Drainage Tubes, 1986.
- North Carolina Board of Nursing, Thoracotomy Tubes, 1983.
- South Carolina Board of Nursing, Advisory Opinion, Question2, 2005.
- South Dakota Board of Nursing, Position Statement, Removal of Mediastinal and Plural Chest Tubes by Registered Nurses, 1996.