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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
APPROVED: 01/07
REVISED DATE: 3/12
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN LPN

ADVISORY OPINION

CHEST TUBES: REMOVAL OF PLEURAL AND MEDIASTINAL CHEST TUBES

It is within the Scope of Practice for Registered Nurses (RN) to remove pleural and/or mediastinal chest tubes if the following criteria are met:

I. GENERAL INSTRUCTIONS

- A. Written policies and procedures are maintained by the facility/employer.
- B. Only RNs who have successfully completed an instructional program and who have had supervised clinical practice and are able to deal with the potential complications of this procedure are allowed to remove chest tubes.
- C. Documentation of satisfactory completion of the instructional program and supervised clinical practice will be maintained by the employer.
- D. Appropriate monitoring equipment such as pulse oximetry and cardiac telemetry along with resuscitative supplies should be immediately available.
- E. A periodic educational/competency validation mechanism is developed, and documentation of the successful demonstration of knowledge, skills, and abilities is on file for each nurse performing the procedures.

II. COURSE OF INSTRUCTION which includes didactic & classroom instruction, followed by supervised clinical practice that includes but is not limited to:

- A. Anatomy and physiology, nursing management and rationale for both mediastinal and pleural chest tube placement and removal.
- B. Demonstrated knowledge of potential adverse reactions and 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.

III. RATIONALE

A RN can safely remove mediastinal and/or pleural chest tubes with satisfactory training, supervised clinical practice and appropriate resources available for complication management.

IV. REFERENCES

Wiegand, D. (Ed), 2010, Procedure Manual for Critical Care, Chapter 22, Chest Tube Removal, American Association of Critical Care Nurses, 6th Edition, Saunders, 2010

Mosby's Nursing Skills, 2010, Chest Tube Removal Module, Electronic Book, Elsevier

Briggs, D. 2009, Nursing care and management of patients with intrapleural drains. *Nursing Standard*. 24;21, page 47-55

Hunter, J. 2008. Chest drain removal. *Nursing Standard*. 22;45, page 35-38

Other states with advisory opinions/position statements that support this advisory opinion:

Mississippi Board of Nursing, 2000.

Nebraska Board of Nursing, 2000.

South Dakota Board of Nursing, 1996.