



Find a partner & share your experience with chest tubes

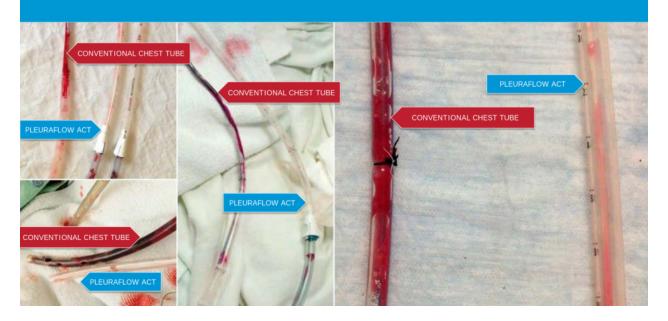


CHEST TUBES CLOGGING - A FAMILIAR PROBLEM





PLEURAFLOW ACT MAINTAINS CHEST TUBE PATENCY

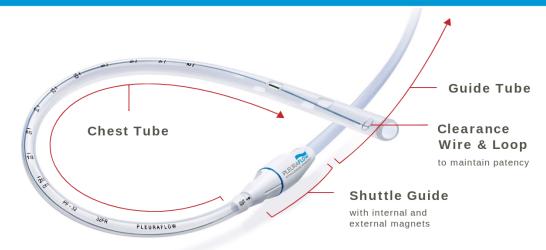




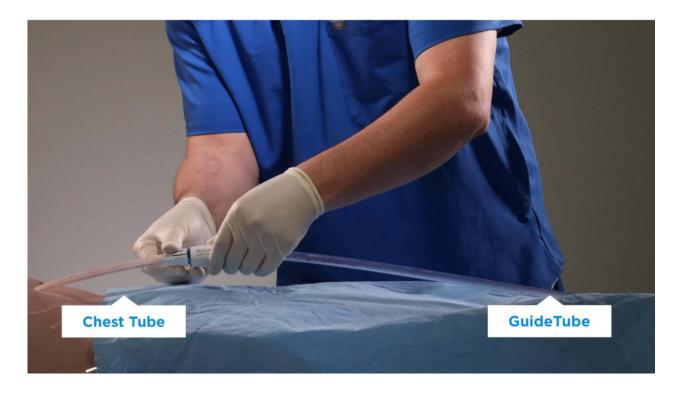
SYSTEM & COMPONENTS



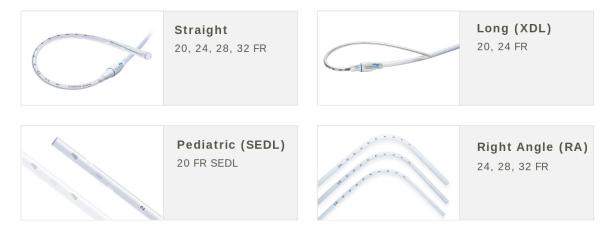
THE PLEURAFLOW ACTIVE CLEARANCE SYSTEM







AVAILABLE IN VARIOUS SIZES & CONFIGURATIONS



As with selection and placement of any chest tube, care must be taken to ensure that the tube drainage eyelets remain contained within the chest cavity for the duration of application.



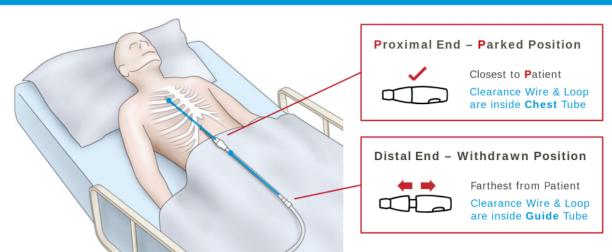


- 1. The PleuraFlow ACT System is comprised of a _____ and ____.
- 2. The Guide Tube houses the Clearance Wire & Loop which is advanced and retracted within the Chest Tube. (True or False)
- 3. The purpose of the Clearance Wire & Loop is to minimize or prevent occlusions with clot within the Chest Tube. (True or False)
- 4. The Shuttle Guide connects with the Clearance Wire & Loop via a magnetic system which enables movement of the Clearance Wire & Loop on the inside of the Guide Tube and Chest Tube by moving the Shuttle Guide on the outside. (True or False)

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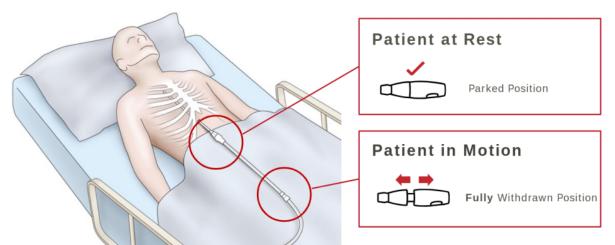
PLEURAFLOW SYSTEM IN USE





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PLEURAFLOW SYSTEM IN USE



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5.	The Proximal End is the end	to the patient.	
6.	The is	the end furthest from the patier	nt.
7.	When the Shuttle Guide is at t	he proximal end of Guide Tube	(Clearance
	Wire & Loop are within the Cho	est Tube) it is in the	_ Position.
8.	When the Shuttle Guide is at	the distal end of Guide Tube (Cl	earance Wire
	& Loop are within the Guide Tu	ıbe) it is in the	Position.

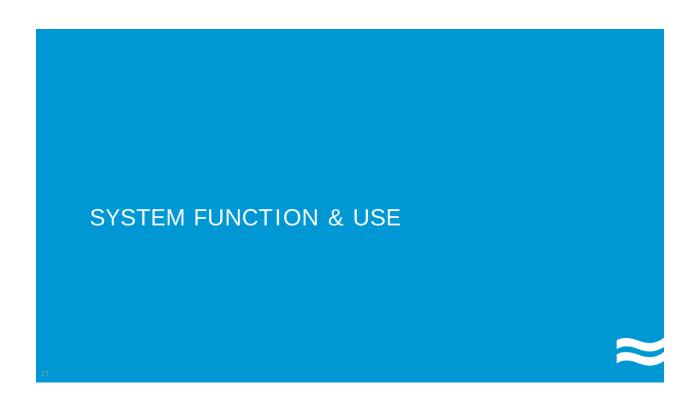


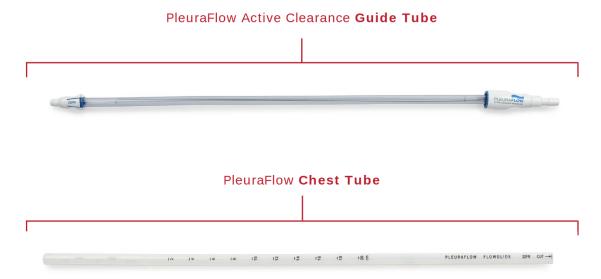
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PLEURAFLOW ICU TRAINING WORKSHEET

9. Complete the following with regards to Patient Ambulation: When the Patient needs to be moved (from the bed, from a chair, walking), you should ______ the Shuttle Guide to retract the Clearance Wire & Loop into the Guide Tube.
When the Patient is at rest (in bed – supine/raised, or in a chair), the Shuttle Guide should be in the _____, with the Clearance Wire & Loop in the Chest Tube.











To assemble, connect Chest Tube to proximal end of Guide Tube. Ensure straight & flush connection.



slow and steady motion

PLEURAFIE
ACTIVE CLEARANCE TELY

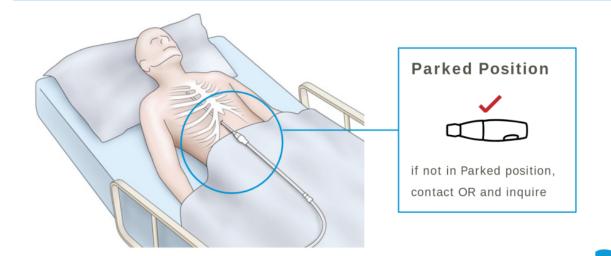
Move Clearance & Wire Loop into parked position.

Ensure a slow and steady motion.



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WHEN PATIENT ARRIVES IN THE ICU



Squeeze Withdraw Assess Park

ACTUATE THE DEVICE



Don't Wait.

Actuate.





ICU RECOMMENDED ACTUATION SCHEDULE

Phase	Timing	Frequency	Cycles / Hour		
Early Bleeding	0-8 Hours	Every 15 Minutes*	4 per hour		
Slowed Bleeding	8-24 Hours	Every 30 Minutes*	2 per hour		
Serosanguineous Drainage	> 24 Hours	Every Hour*	1 per hour		

 $^{^{\}star}$ This should be repeated as necessary to keep the tube patent and free of any occlusions.



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10.	Complete	the	words	that	correspond	l to	each	letter	οf	an	Actuation	"S-W-A-P"
± 0 .	Complete	LIIC	VV OI GO	tiiut	COLLCODOLLC		Cacii	101101	\circ	an	/ totaution	0 00 / ()

S _____ W ____ A ____

11. Complete the recommended Actuation Schedule:

Phase	Timing	Frequency
Early Bleeding	0-8 Hours	
Slowed Bleeding	8-24 Hours	Q30 min (2/hr)
Serosanguineous Drainage	> 24 Hours	Q60 min (1/hr)



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CLOT CAN FORM ON CLEARANCE WIRE & LOOP







Dislodging Clot

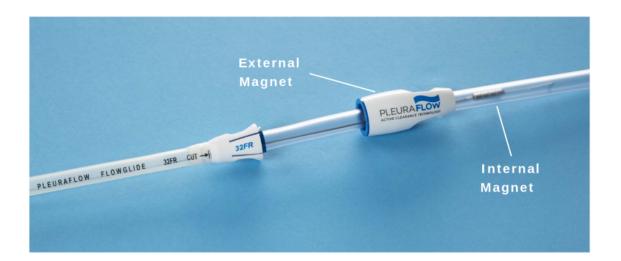




- 12. Complete the following with regards to dislodging excessive clot:
 - Clot may be seen adherent to the Clearance Wire & Loop during the process of clearing the Chest Tube. This is _____ and to be expected.
 - If obstructive clot begins to accumulate, you should: _____ the
 Chest Tube or Guide Tube where the clot is accumulating or you should
 ____ the Clearance Wire through the Chest Tube or Guide Tube
 while advancing the Shuttle Guide.

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Magnetic Release - An Important Safety Feature



Magnetic Release



MAGNETIC RELEASE



MAGNETIC RELEASE - COMMON CAUSES IN THE ICU





Inadequate actuation frequency leading to clot formation





Actuation motion done too quickly go slow and steady





Kinks, bends, or constriction consider repositioning patient



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ADDITIONAL SUPPORT - THE ZIP







ZIP WARNINGS & CONTRAINDICATORS

- Do not place THE ZIP within 6 inches of a medical device with conductive and/or magnetic parts, such as:
 - implanted pulse generators
 - · pacemakers
 - implantable defibrillators
- 2 Do not use if in proximity to an MRI
- 3 The ZIP is designed for use with the PleuraFlow System only
- 4 Use the ZIP only to retract the Clearance Wire & Loop



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- 13. Decoupling is the separation of the internal and external magnets, disabling movement of the Clearance Wire & Loop. This can occur due to kinks, bends or chest tube constriction. (True or False)
- 14. The ZIP is an accessory that provides additional magnetic coupling strength when necessary. (True or False)



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PLEURAFLOW DEVICES ARE NOT MRI SAFE



- Patients may <u>not</u> enter an MRI room until the PleuraFlow device has been removed.
 - Retract the PleuraFlow clearance member fully from the patient.
 - Clamp the patients' chest tube following the usual ICU chest-clamping protocol.
 - Disconnect the PleuraFlow ACT system from the chest tube and discard it. A new sterile device may be reconnected later if clinically indicated.
- The chest tube may now be connected directly to the drainage canister with a regular chest drain extension tube from the canister manufacturer.



PLEURAFLOW SYSTEM - ICU KEY TAKEAWAYS





Don't Wait. Actuate. Q15 - Q30 - Q60





Parked position the patient is at rest.

Withdrawn when the patient needs to be moved.





Dislodge clots with a flick or squeeze





The ZIP provides additional magnetic coupling strength



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4.