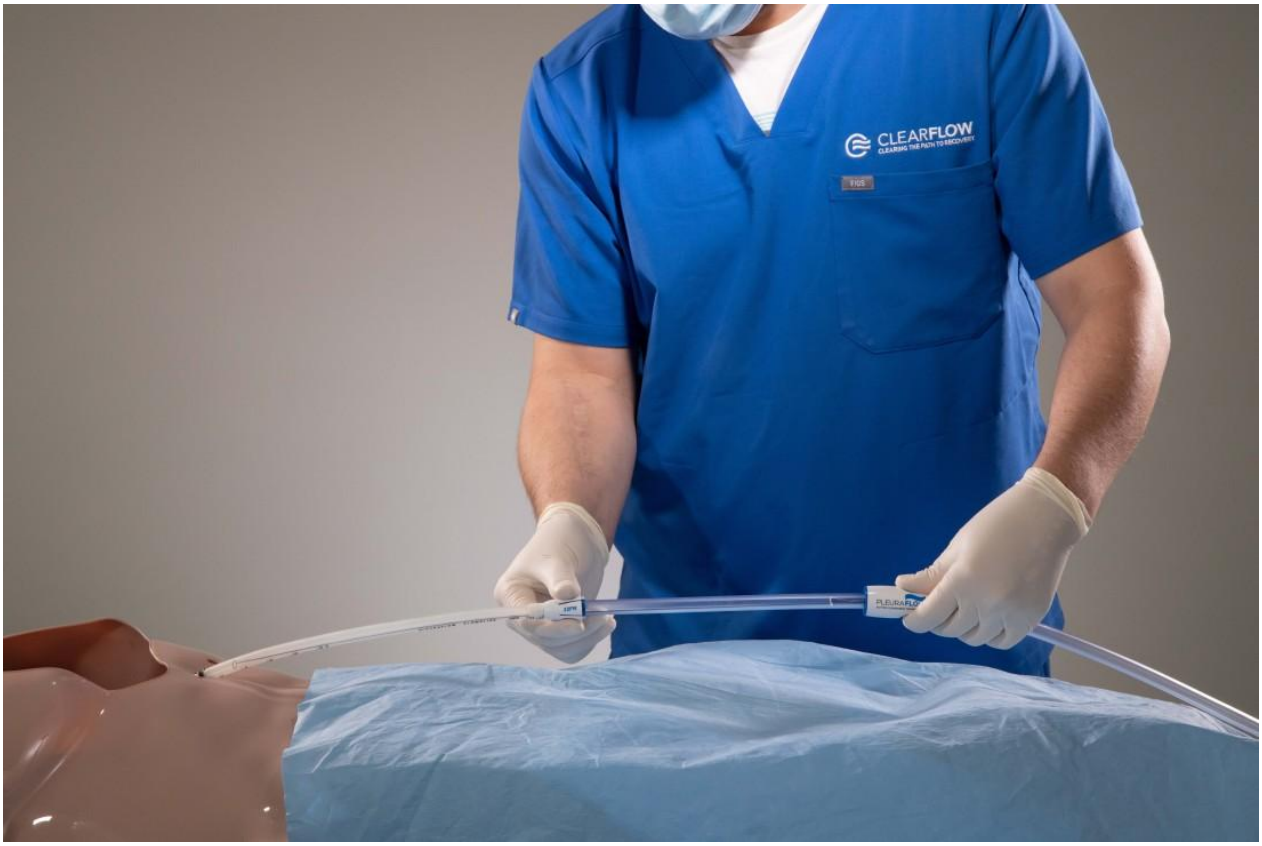
Guide Tube Path Not Straight

Ensure the Chest Tube and Guide Tube are as straight and parallel to the patient's body as possible when actuating. Ensure the proximal end of the guide tube is not elevated when attempting to actuate.

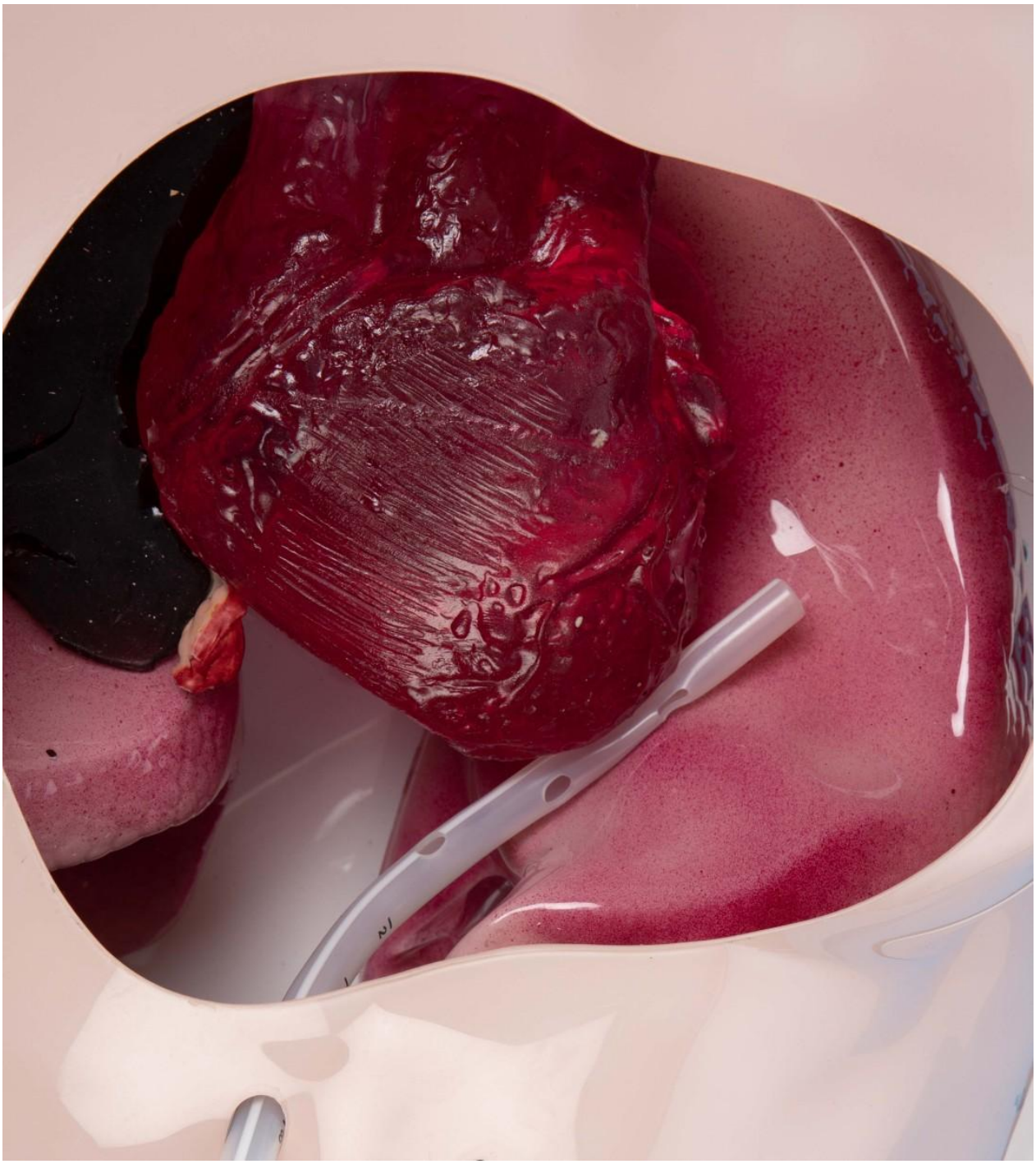


Actuated Too Fast

The Clearance Wire and Loop may be encountering some resistance from clot which may require slower movement.

Consider Patient Positioning

The Chest Tube may be compressed by swelling inside the chest cavity or encountering resistance due to patient positioning. Reattempt actuation when the patient has been repositioned (supine to semi-fowlers, semi-fowlers to supine, sitting to supine/semi-fowlers).



Possible Clot Formation

During retraction, a clot may be occluding normal passage of the clearance wire and loop. If decoupling persists during retraction, slide the shuttle guide over the internal magnet to recouple and return to the parked position. Communicate the location of the decoupling to the ICU.

Tips

If the internal and external magnets become uncoupled, advance or retract the Shuttle Guide over the internal magnet to recouple. Retaining elements set on the internal magnets will keep the internal magnets and wire from exiting the Guide Tube, thus encouraging recoupling of the magnets.

If after several attempts the magnets remain uncoupled, the PleuraFlow Guide Tube may be disconnected from the PleuraFlow Chest Tube. The Chest Tube may then be connected to the drainage tubing and canister in the standard fashion.

Withdrawing/Retraction: If decoupling persists during retraction, slide the shuttle guide over the internal magnet to recouple and return to the parked position. Communicate the location of decoupling to the ICU.

Advancing/Parking: If decoupling persists during advancement, slide the shuttle guide over the internal magnet to recouple and retract the clearance wire out of the chest tube, leaving it in the guide tube. Notify the ICU of the position of the Shuttle Guide and communicate the location of decoupling.