



Recommended Actuation Schedule

PleuraFlow[®] System with Active Clearance Technology[®] (ACT[®])

Location	Phase	Recommended Timing	ACT Frequency	Cycles/hour
Operating Room (OR)	Chest Closure	1 time when PleuraFlow System is connected		
	Prep for transfer to ICU	1 time upon transfer from OR table to bed		
		Every 15 minutes (if there is a delay in transfer)*		
Intensive Care Unit (ICU)	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

Key Points

Monitor all chest tubes for bleeding and/or clots and record assessments per local protocol.

The Magnetic Safety Release (MSR) is a safety feature to avoid forcing the Clearance Loop against a fixed obstruction; it is sensitive to patient position, tube angle or kinking, drainage character, and speed of actuation.

Slow actuation is sometimes more effective than rapid actuation. Only actuate if Clearance Wire moves freely. If you are encountering resistance or the MSR is repeatedly activated, adjust patient position or recline patient to minimize potential for compression.

If obstructive clot is forming on the wire, steps should be taken to dislodge the clot or fibrinous material stuck to the wire. Do not strip or milk PleuraFlow Chest Tube when Clearance Wire and Loop are advanced inside the Chest Tube.

*This should be repeated as necessary to keep the tube patent and free of any occlusions.

[§]Remove the PleuraFlow Clearance Apparatus within 5 days. The Clearance Apparatus can be removed or discontinued in one of 2 ways:

- The entire Chest Tube and Clearance Apparatus can be removed and discarded in one piece.
- The Clearance Apparatus only can be removed and the Chest Tube can be connected to the drainage tubing using sterile technique.
- Remove the PleuraFlow Chest Tube within 2 weeks.



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