

PED Chest Tube & Thoracotomy Pans

Instrument Descriptions





CHEST TUBE PAN AND PROCEDURE SETUP (THORACOSTOMY)

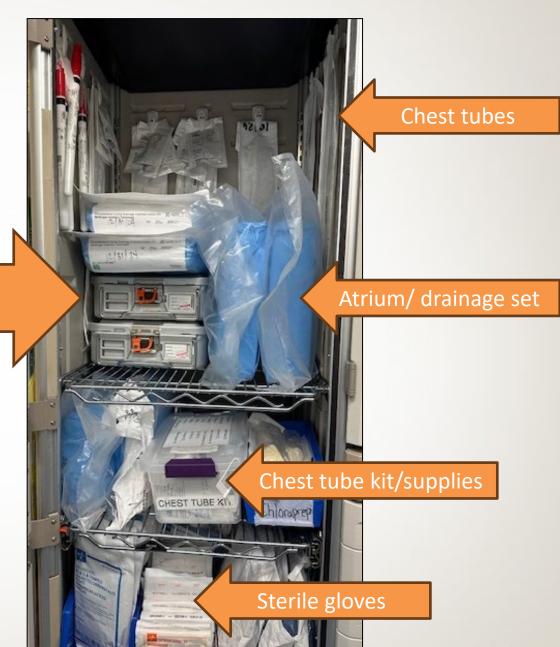


VANDERBILT WUNIVERSITY

MEDICAL CENTER



CH ER Chest Tube Insertion Pans





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What to "drop" in the sterile pan...







Instruments & Procedure

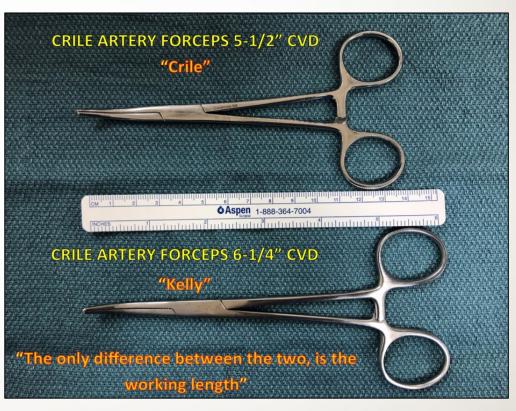






First set of instruments "Hemostats"

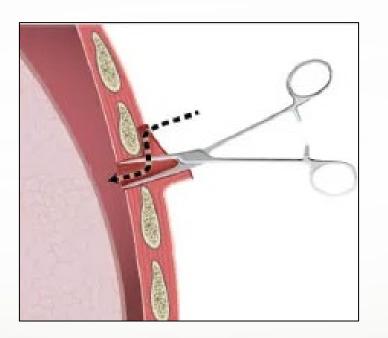








Blunt Dissection of Chest Wall

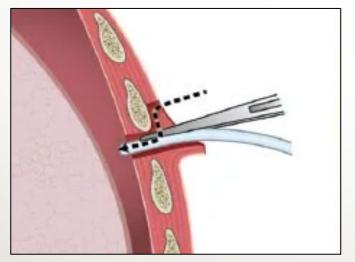






Vanderbilt FCP: insertion of chest tube



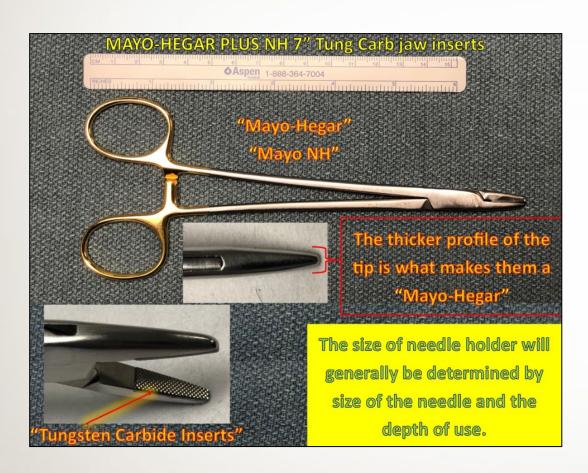








Securing the Chest Tube











Securing the Chest Tube





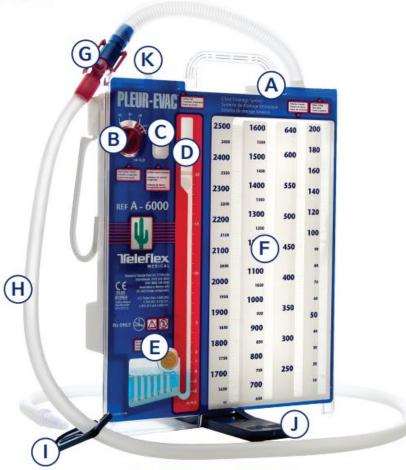




The drainage system

- A Filtered High Negativity Relief Valve: Provided to vent excessive negativity. Depress the button to relieve negativity. Filtered air will enter the unit and the water level in the water seal will drop. Release the button when the desired level of negativity, as indicated by water level in Water Seal Pressure Scale, has been attained.
- (B) Dry Suction Control Dial: Suction level determined by position of edge of red stripe. Rotate and click to prescribed setting.
- C Suction Control Indicator: When suction is applied and the orange float appears in the suction indicator window, the approximate suction imposed is determined by the dial setting (red stripe). As long as the float appears in the window, the unit is operating at the suction setting that appears in the suction control window.
- D High Negativity Float Valve: Water floats the valve up into the closed position when excessive negativity occurs; valve opens upon decrease in negativity.
- E Patient Air Leak Meter: Quantifies the size (1) low to (7) high and progress of the air leak. The higher the numbered column through which the bubbling occurs, the greater the degree of the air leak.
- (F) Collection Chamber: Marking surfaces are for making notations. Use pen or pencil.

- Quick Disconnect with Needleless Sample Port: Locking connectors (red and blue) are provided in the patient tube for quick connection to a new chest drainage system. Use only a standard luer lock syringe to withdraw samples from the connector.
- (H) Patient Tubing: Not made with natural rubber latex.
- Patient Tube Clamp: Clamp on patient tube should be placed away from patient, avoiding accidental closure.
- J Floor Stand: Helps prevent tipover. Swings out for stability in use. The floor stand contains an automatic locking mechanism that locks the floor stand in the open position. To close, press locking tab to retract floor stand.
- K Suction Port: Use to fill Water Seal Chamber to establish patient protection. If suction is prescribed, connect to suction source. If gravity drainage is prescribed, the port should remain UNCAPPED and free of obstructions.



Pleur-evac® A-6000-08LF





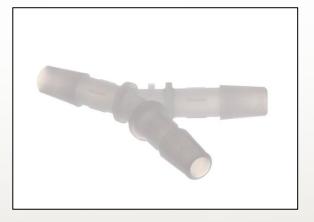
Suction Setup



MEDICAL VACUUM

Connect suction tubing directly to the suction regulator. Turn regulator on low or medium "REG" setting.

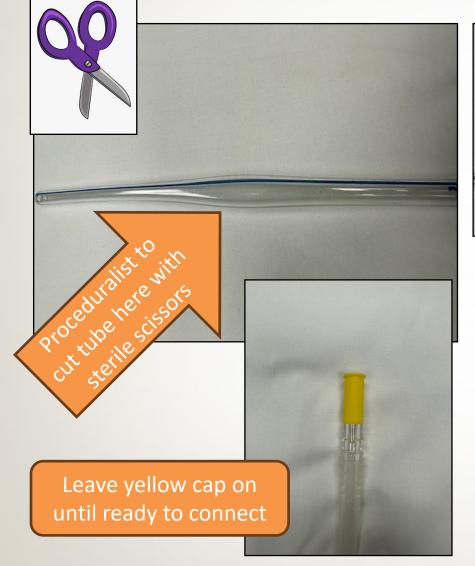


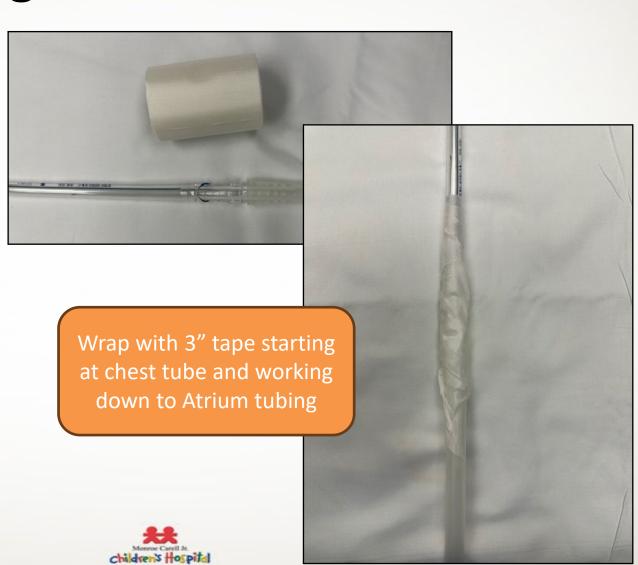


1 for single chest tube



Connecting Chest Tube to Atrium

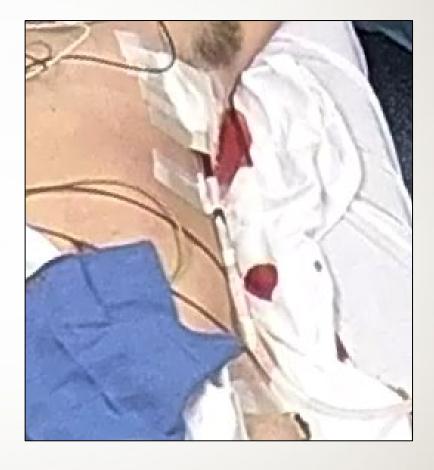






Dressing









Dressing







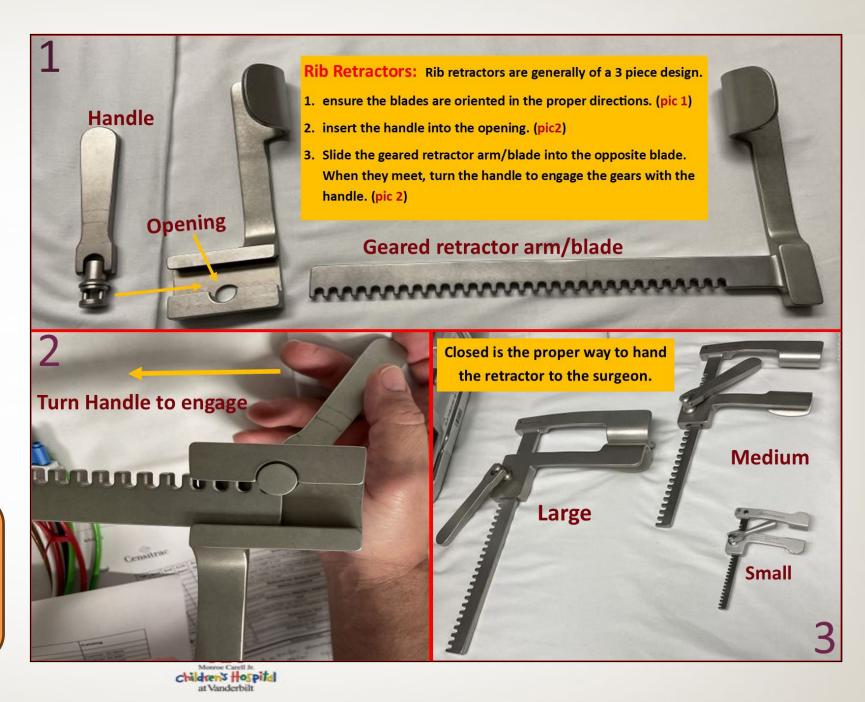
THORACOTOMY PAN





Finochietto Retractor/ Rib Retractor

One of each size per tray. If performing clamshell thoracotomy, retrieve the thoracotomy pan from the other trauma bay.





LEBSCHE KNIFE & MALLET



Cuts through sternum

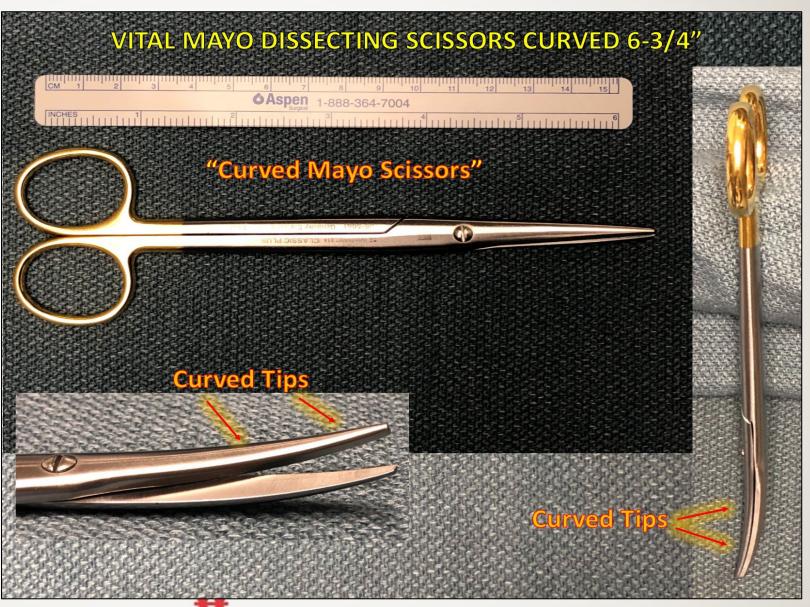






Curved Mayo scissors will be used to access the chest cavity

Curved Mayo scissors are designed to cut heavy tissue and cartilage







Debakey Peripheral Angled Vascular Clamp (Aortic Cross Clamp)

Slight curve in shank with full angle in jaw distal to box lock allows for enhanced visibility.

Jaw length 2-1/4"(6cm)

Overall length 7"(17.78cm)







Clamp Glover Coarct Straight Clamp (Aortic Cross Clamp)

Straight
Jaw length 2-1/8in (5.4cm)
Overall length 9in (23cm)



