

Information for patients and nurses

Rocket® Ambulatory Chest Drain



Rocket[®] Ambulatory Chest Drain

Contact Information

Hospital Sticker:

District Nurse based at:

Contact Number:

Contact Name:

GP:

Contact Number:

Hospital Ward:

Contact Number:

Contact Name:

Drain & Dressing Information

Date:

Valve OPEN:

Valve CLOSED:

Volume:

Colour & Consistency of Fluid:

Dressing Change:

YES

NO

Comments:

Rocket® Ambulatory Chest Drain

You have a Chest Tube and a Rocket® Ambulatory Chest Drain for one or all of the following reasons:

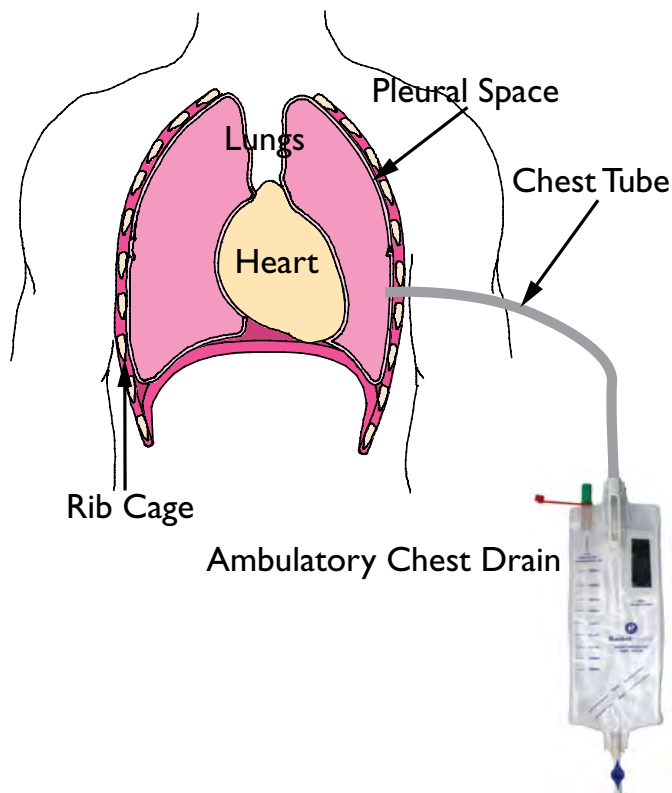
- To remove air from your pleural space.
- To remove fluid from your pleural space.
- To remove blood from your pleural space.

The *pleural* space is a very small gap between the lung and the inside of the ribcage. When fluid, blood or air collects in this space the lung cannot function properly.

The Rocket® Ambulatory Chest Drain, that you have attached to your chest tube, is used to help you become more mobile and enable you to return to performing most everyday activities whilst you continue your recovery.

The Rocket® Ambulatory Chest Drain attached to your chest tube, works by allowing the air to flow out of the vent, whilst continuing to contain any fluid that has drained from the chest.

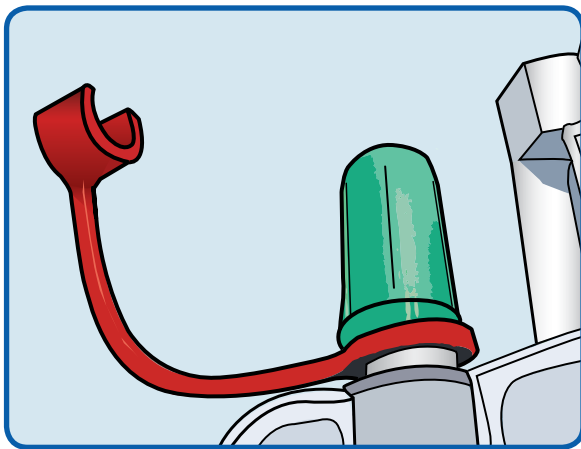
The air from your chest will flow through a one way flutter valve that prevents air going back into your chest.



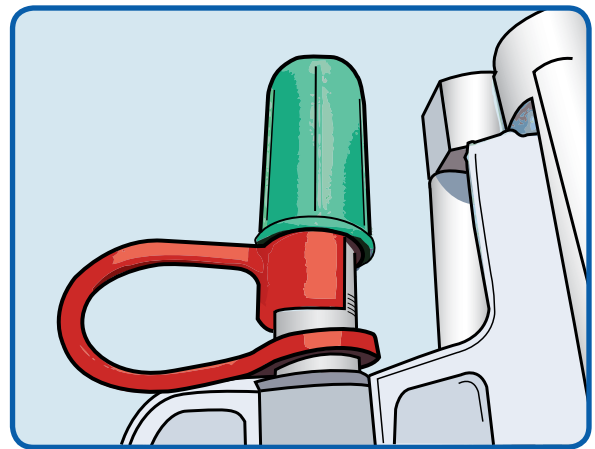
Rocket® Ambulatory Chest Drain

If you have lots of air trapped in your chest, once connected, the Rocket® Ambulatory bag may inflate very quickly. If this happens, your doctor or nurse can open the valve on the bag to allow large amounts of air to escape from the bag.

Do not open or close the valve unless instructed to do so.



Valve Closed



Valve Open

There is a red clip to prevent the valve from accidentally closing and this also acts as an indicator to remind you that the valve has been opened. When the valve has been opened, just place the clip underneath the green cap and push into place.

Rocket® Ambulatory Chest Drain

Fluid in the bag is contained in a way to prevent it leaking onto your clothes during the day or your bed clothes at night.

Be warned that the fluid may be able to leak from the green valve if this has been opened.

If you have an infection such as an *empyema*, which can have a strong odour, the carbon patch over the vent will help reduce the smell.

Don't worry though, as this patch does not stop the air coming out of the vent.

The graduations on the Rocket® Ambulatory Chest Drain will let you see how much fluid is draining from your chest. If the bag becomes full, you can use the tap to empty out the fluid.

Please keep a record of how much fluid is drained every 24 hours. You may find it useful to empty the drain before you go to bed.

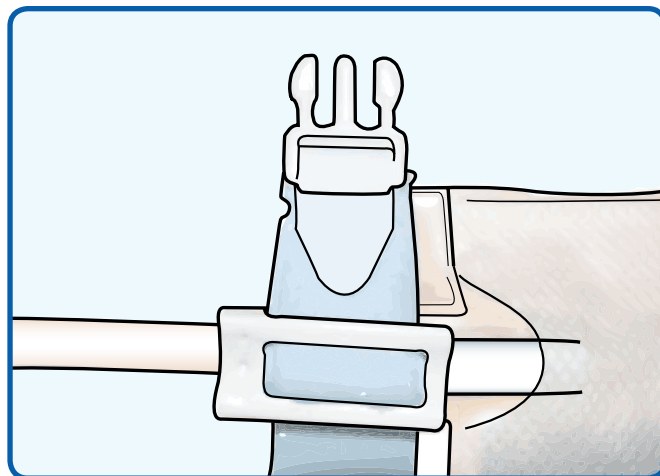
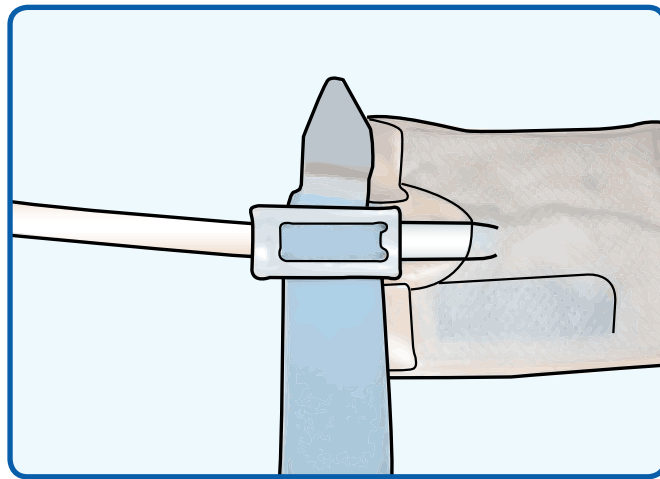
(IMPORTANT: Be sure to close the tap again).

Whilst in bed do not or allow your partner to lie on the bag as this can prevent it draining.



Rocket[®] Ambulatory Chest Drain

The Rocket[®] Ambulatory Chest Drain also comes with a belt, which is attached by threading the belt through the back of the valve protector. The length of the belt can be adjusted by moving the Velcro strips.



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What to do if your chest stops draining?

As you get better the amount of fluid or air that passes into the bag should become less until it stops. At this point the Doctors will decide to remove the drain.

However on occasions the drainage could stop for the following reasons.

1. A blocked flutter valve.
2. Blocked tubing.
3. A blocked chest catheter.
4. An over filled bag.
5. A blocked air vent.
6. The bag becomes disconnected.

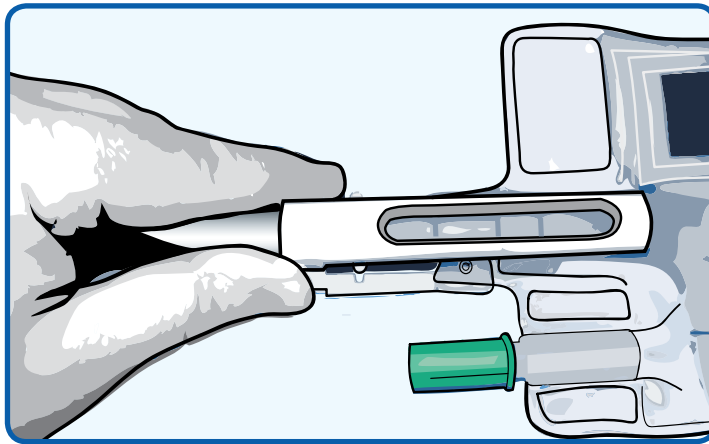
This is usually caused by the drainage of very thick fluid from your chest.

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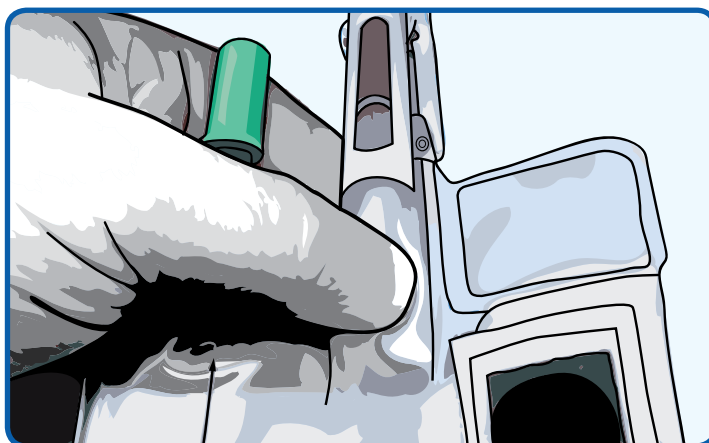
Blocked flutter valve

When you look at the valve and it looks like it is full of fluid which cannot pass into the bag or there is a build up of fluid in the tubing above the valve, you can help this move in to the bag by **gently** rubbing the flutter valve between your fingers to remove the blockage.

Step 1. Move the protective plastic sleeve by unhooking the bag of its pegs, and slide the protector up the tube.



Step 2. Rub the valve gently so the blockage can drain into the bag.



Step 3. Place protective plastic sleeve back on pegs.

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Blocked Tubing.

If the tubing on the Ambulatory bag is blocked and clearing the flutter valve has not worked, then the ambulatory bag requires changing. Contact the hospital ward you were treated on and ask for advice or contact your district nurse.

Blocked Chest Tube.

If the tube coming out of your chest has become blocked then contact the hospital ward you were treated on and ask for advice.

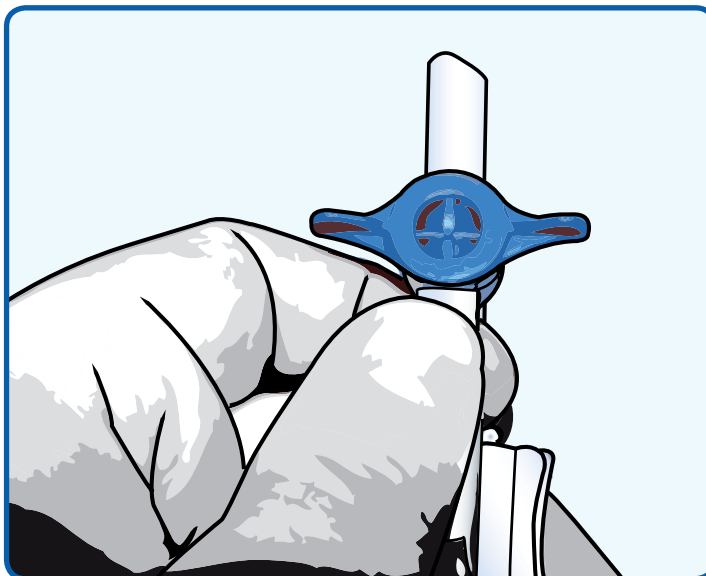
An over filled bag.

Sometimes if there is too much fluid in the bag it will not work as well as it should. You can avoid this by emptying regularly.

This is done by turning the tap at the bottom of the bag so it appears as so.

When the fluid has drained out, close the tap.

If the fluid has soaked through the black material then the drain will need replacing.



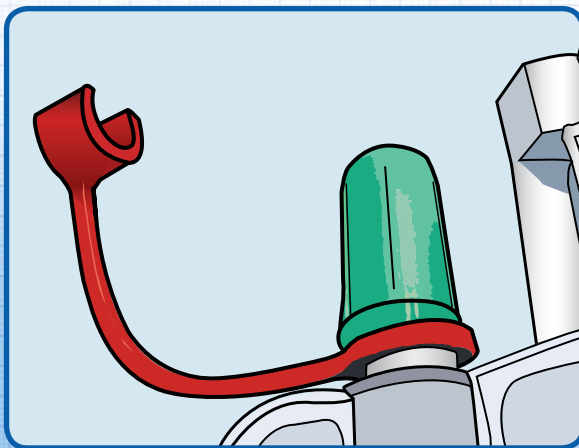
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A blocked air vent.

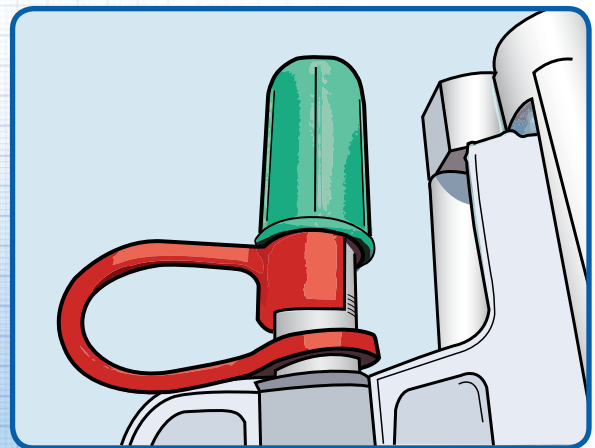
If you feel that not enough air is escaping from the bag and the bag has become inflated, check the green valve to make sure it is open and nothing is blocking the valve.

If the valve has become blocked with thick fluid drained from your chest the bag will need replacing.

If the valve was **NOT** open when you were sent home contact the discharging hospital as quickly as possible.



Valve Closed

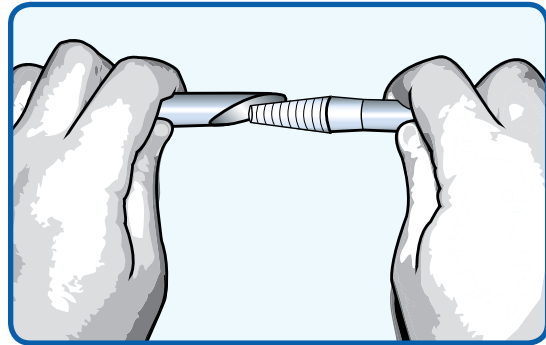
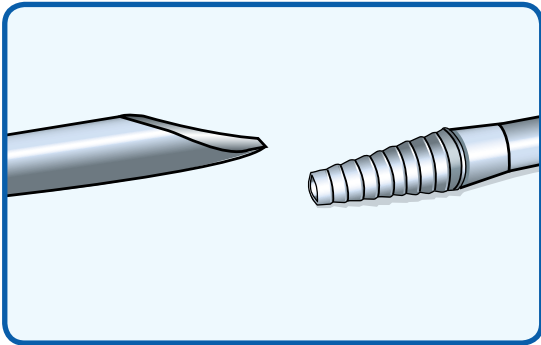


Valve Open

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Disconnected Bag

If the ambulatory bag becomes disconnected from the chest tube, reconnect them as quickly as possible.



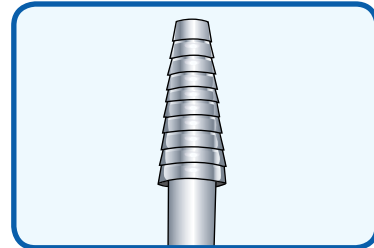
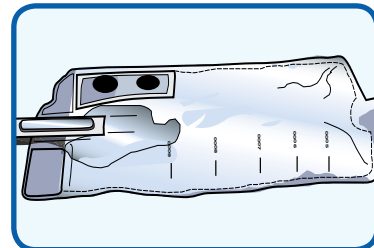
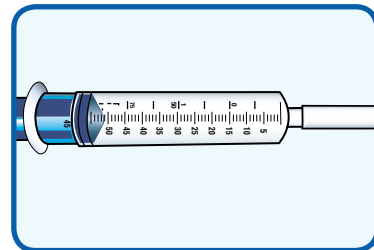
When you have done this if you can give a big cough, and contact the hospital ward as soon as possible.

District Nurses information for changing the bag.

To use the drain do the following.

The drainage bag **MUST** be primed to ensure the internal one way valve is working correctly before use

1. To prime the drain, use the 60ml syringe supplied, extended to a minimum of 50ml. Pass air through the drainage tube by inserting the syringe nozzle into the drainage tube and compressing the syringe.
2. Air will pass through the flutter valve, this can be confirmed. Visually observing the bag inflating slightly, indicating the passage of air through the valve or by the valve moving. Confirmation can also be gained by touch.
3. If required, fit the fir-tree barb connector provided, to the drainage tubing on the ambulatory bag so that it can connect to a plain ended chest catheter. (If the patient has a luer lock Seldinger type drain in situ this will not be required.)



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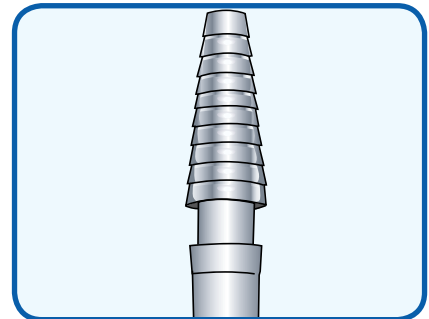
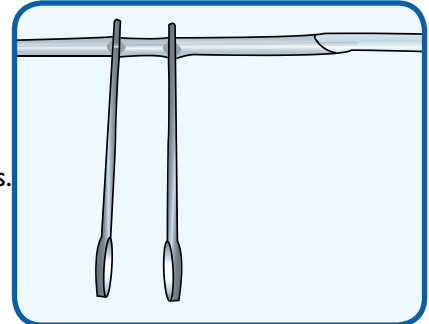
District Nurses information for changing the bag.

4. Double clamp the chest tube, using suitable chest drain clamps. If these are required contact the discharging ward for information.

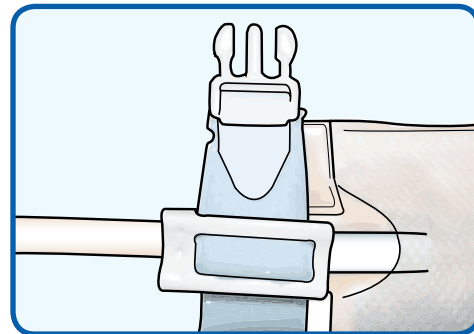
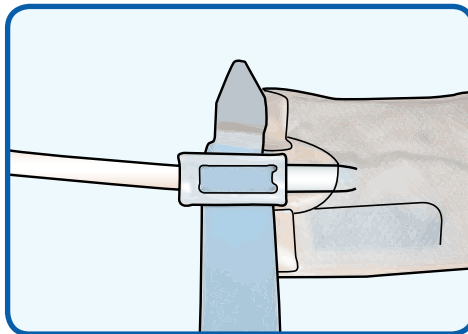
Attach the drain by pushing the fir- tree barb connector into the chest catheter.

Ensure the moisture absorbing material is placed towards the patient so that the venting discs are facing outwards.

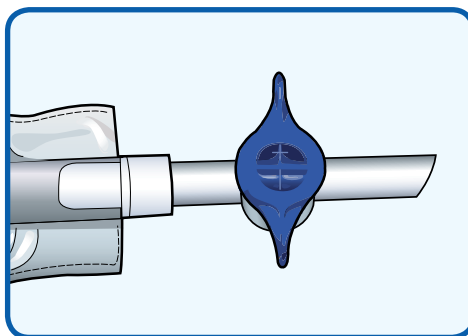
Ensure that the clinicians do not lay vent face down so fluid can cover the vent, this will prevent the drain from venting air.



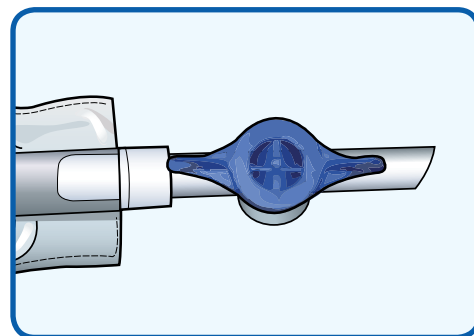
5. Fit and adjust the belt by undoing the Velcro tag and threading through the belt loops on the valve protector. Then place, so that the bag sits comfortably on the patient's side. The belt size can be adjusted using the Velcro. Alternatively the belt can be utilised as a shoulder strap.



6. To empty the bag use the valve at the bottom of the bag, remember to close the valve after use.



Tap Open



Tap Closed

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Drainage Diary:

Use the comments section to record the colour and consistency of the drained fluid. If a sample has been taken for testing, please ensure the date is recorded.

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Instructions For Use

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