Chest Tube Test

Name:  
Unit:  
Date:  

Circle the Best Response for all:

1. The anatomical structure located in the center of the thoracic cavity is the:
   A. Mediastinum  
   B. Visceral pleura  
   C. Parietal pleura  
   D. Diaphragm

2. Which of the following statements is true about intrapleural (the space between the parietal and visceral or pulmonary pleurae) pressure under normal conditions?
   a. It is always positive  
   b. It is negative during inhalation; positive during exhalation  
   c. It is positive during inhalation; negative during exhalation  
   d. It is always negative

3. The purpose of a chest drainage unit is:
   a. Evacuation of air from the chest cavity  
   b. Evacuation of fluid from the chest cavity  
   c. Assist in reestablishment of normal intra-thoracic pressure  
   d. All of the above

4. Inhalation occurs when:
   a. The diaphragm contracts and moves downward  
   b. The external intercostal muscles move the rib cage up and out  
   c. The pressure inside the lungs is lower than atmospheric pressure and air flows in  
   d. All of the above

5. A patient with an opening in the chest wall, such as from a gunshot, stab wound or impalement, resulting in a "sucking chest wound" can be said to have:
   a. An open pneumothorax  
   b. A closed pneumothorax  
   c. A hemothorax  
   d. A pleural effusion

6. A potentially life-threatening condition in which air and pressure rapidly accumulate in the pleural space and, if not treated, can result in a mediastinal shift is called:
   a. An open pneumothorax  
   b. A tension pneumothorax  
   c. An iatrogenic pneumothorax  
   d. A spontaneous pneumothorax
7. A potentially life-threatening condition in which blood collects around the heart, particularly after heart surgery or chest trauma, is called:
   a. Cardiac insufficiency
   b. Mediastinal effusion
   c. Mediastinal shift
   d. Cardiac tamponade

8. The most important element in a chest drainage system is:
   a. The collection bottle/chamber
   b. The water seal
   c. The suction control
   d. The suction source

9. Bubbling in the water seal chamber of a chest drain indicates:
   a. Normal functioning
   b. An air leak
   c. The chest tube is ready to be removed
   d. Suction is too high

10. The fluctuation of the water level in the small arm of the water seal with respirations is called:
    a. Air leak
    b. Tidaling
    c. Cycling
    d. Suction

11. A commonly recommended suction pressure is:
    a. -10 cm H2O
    b. -20 cm H2O
    c. -50 cm H2O
    d. -450 cm H2O

12. A physician has inserted a chest tube for a pleural effusion. The order is for -20cm H2O of suction. How will the nurse set this up?
    a. Adjust the vacuum source until the dial on the vacuum regulator reads -20mmHg
    b. Adjust the vacuum source until constant, gentle bubbling just begins in the suction control chamber
    c. Ensures the suction pressure control dial on the container reads -20cm H2O, vacuum pressure is set to 80mm Hg or > until the ‘bellows’ expand to the △ mark
    d. none of the above
13. In addition to a respiratory assessment, nursing assessment of a patient with a chest tube should include:
   a. Assessing the insertion site/dressing outwardly following the tube all the way to the drainage system, for loops, kicks, clamp is open
   b. Checking the drainage system for, air leaks, appropriate suction pressure (if ordered) and ‘bellows’ expand to the △ mark
   c. Noting the colour, consistency, and amount of drainage
   d. Changing the occlusive dressing Q 3 days and PRN
   e. All of the above

14. Nursing actions for a patient with a chest tube include:
   a. Adjusting the water level in the suction control and water seal chambers if evaporation has occurred
   b. Preventing dependent loops from forming in the patient drainage tube
   c. Notifying the physician of a new or increase air leak
   d. Monitoring output, documenting assessments, interventions
   e. All of the above

15. Which of the following statements is true regarding patient movement while requiring chest drainage?
   a. Patients may go only from bed to a chair while the chest tube is connected to a chest drain
   b. If the patient must leave the nursing unit, the suction tubing should be clamped shut while the chest drain is disconnected from suction
   c. If a patient is ambulatory, the chest tube should be clamped shut while the chest drain is disconnected from suction
   d. Patients may walk around once the nurse disconnects the drain from suction as long as the drain remains below the chest

16. When converting a chest drainage system from suction to gravity drainage:
   a. Turn source suction off and leave tubing connected
   b. Clamp patient drainage tube
   c. Raise chest drainage unit above the chest
   d. Disconnect suction tubing from the port

17. Milking or stripping tubes:
   a. Can create dangerously high negative pressures
   b. Is done routinely Q shift by nurses to assist with fluid removal from tube
   c. Can put a patient at risk by damaging the sensitive pulmonary tissue
   d. None of the above
   e) A and C only

18. New bubbling is observed in the water seal chamber after a patient with a pleural chest tube returns from radiology. The appropriate nursing action/s is/are to:
   a. Call the physician immediately and do not leave the patient's bedside because of the risk of respiratory failure
   b. Check all the tube connections to ensure they did not loosen on transport
   c. Remove the dressing and ensure the tube is in place, reapply a clean occlusive dressing
   d. Continue to monitor the water seal chamber for bubbling every hour for the next four hours
   e. Do nothing. This bubbling is normal for all patients with pleural chest tubes
   f) b, c, d only
19. If the chest tube is pulled out of the patient's chest, after asking a colleague to call a physician STAT, emergency nursing management is to:
   a. Cover the opening with the occlusive petroleum gauze and then with 4 x 4 gauze taped securely on all sides
   b. Try to put the tube back in place as quickly as possible
   c. Leave the opening alone and monitor the patient until a physician can assess the situation
   d. none of the above

20. Chest tube clamping is only recommended for:
   a. Changing the drainage container and this should be done quickly and then promptly unclamped
   b. Whenever a patient leaves the nursing unit and cannot be monitored
   c. When ambulating a postoperative patient with a chest tube
   d. It is never beneficial to clamp a patient's chest tube

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