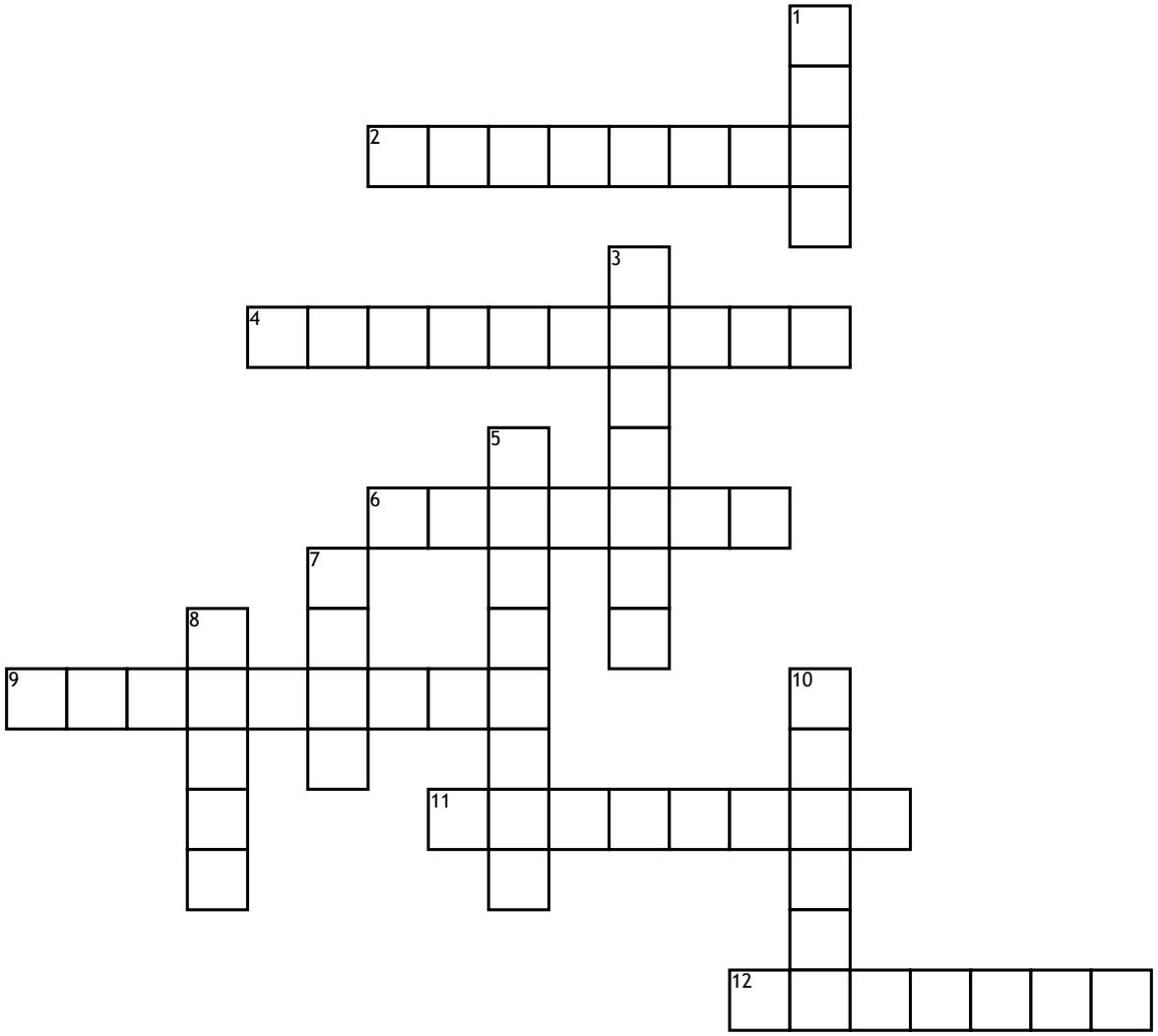
Name: _____ Date: _____

CHEST TUBES



Across

2. NOTE THE CHARACTER, CONSISTENCY AND AMOUNT OF ___ IN THE COLLECTION CHAMBER.

4. _____ BUBBLING IN THE WATER SEAL AIR LEAK MONITOR WILL CONFIRM A PERSISTENT AIR LEAK.

6. CHEST TUBE DRAINAGE USES ___ AND, SOMETIMES SUCTION TO RESTORE NEGATIVE PRESSURE.

9. PALPATE THE AREA SURROUNDING THE DRESSING FOR CREPITUS WHICH INDICATES THE PRESENCE OF SUBCUTANEOUS ____.

11. DON'T ___ THE WATER-SEAL CHAMBER. A FLUID LEVEL GREATER THAN 2 CM MAKES BREATHING MORE DIFFICULT.

12. USE ___ WATER TO FILL THE WATER-SEAL CHAMBER TO THE SPECIFIED LEVEL.

Down

1. TO REMOVE AIR, THE CHEST TUBE IS INSERTED NEAR THE ____ OF THE LUNG, THROUGH THE 2ND TO 3RD INTERCOSTAL SPACE.

3. TEACH THE PATIENT COUGHING & ___ EXERCISES TO HELP BREAK UP SECRETIONS.

5. WHEN A CHEST TUBE IS BEING REMOVED, THE PRACTITIONER WILL INSTRUCT THE PATIENT TO PERFORM THE _____ MANEUVER.

7. TO REMOVE FLUID, THE CHEST TUBE IS INSERTED NEAR THE ___ OF THE LUNG, THROUGH THE 4TH TO 6TH INTERCOSTAL SPACE.

8. IF THE CHEST TUBE ACCIDENTALLY PULLS OUT - IMMEDIATELY COVER THE SITE WITH A STERILE DRESSING AND TAPE IT ON ___ SIDES, ALLOWING AIR TO ESCAPE.

10. INSTRUCT THE PATIENT TO ___ THE INSERTION SITE WHILE COUGHING TO MINIMIZE PAIN.