

Intrapleural Administration of Alteplase +/- Dornase Alfa

Administration

1. RN present, at bedside, for procedure and barcoding scanning prior to administration.
2. Medication(s) and saline syringe, provided by pharmacy, located in medication refrigerator of unit med room.
3. For patient comfort, once provider at bedside remove medication(s) from med room medication refrigerator to reach room temperature.
4. Have patient lie supine with the head of the bed at a comfortable level.
5. Assess the integrity of the drainage system tubing and chest tube to ensure that the drainage system is intact, with no air leaks or kinks, and to prevent clot formation.
6. Turn off suction (set to water seal), if applicable.

Large bore chest tube or no stopcock

1. Clamp the soft tubing of the Pleur-evac drainage system a few centimeters beyond the junction of the chest tube and the tubing.
2. Following standard precautions replace gloves.
3. Sterilize area of Pleur-evac tubing between chest tube and clamp with ChloroPrep or alcohol (not betadine). Allow to dry.
4. RN barcode scans medication(s) and gives to provider for administration.
5. Using an 18-gauge needle, inject the medication(s) (alteplase +/- dornase alfa) directly into the Pleur-evac tubing on the patient side of the clamp, following safe medication administration practices.
6. If chest tube being flushed with normal saline use syringe provided by pharmacy (not 10mL nursing flushes or irrigation bottle).
7. Keep the chest tube clamped for the prescribed dwell time.
8. RN to obtain the patient's vital signs, as ordered, including bilateral auscultation of lungs, and monitor the patient for signs of discomfort.
9. RN to assess for adverse reaction and notify service if indicated.
10. After ordered dwell time, RN to unclamp the chest tube and place back to suction, if ordered and applicable.
11. Note type, color, and amount of output.

Chest tube with stop cock present

1. Following standard precautions replace gloves.
2. Disinfect the access port of the catheter with ChloroPrep or alcohol (not betadine). Allow to dry.
3. Turn stopcock off to the Pleur-evac drainage system.
4. RN barcode scans medication(s) and gives to provider for administration.
5. Connect the prepared prescribed medication(s) to the port (alteplase +/- dornase alfa) and administer the medication(s), as ordered, following safe medication administration practices.
6. If chest tube being flushed with normal saline use syringe provided by pharmacy (not 10mL nursing flushes or irrigation bottle).

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7. Keep stopcock in off position for the prescribed dwell time.
8. RN to obtain the patient's vital signs, as ordered, including bilateral auscultation of lungs, and monitor the patient for signs of discomfort.
9. RN to assess for adverse reaction and notify service if indicated.
10. After ordered dwell time, RN to return stopcock to drainage position and place back to suction, if ordered and applicable.
11. Note type, color, and amount of output.

REFERENCES

1. Lippincott Procedures. (2021). Intrapleural medication administration. Retrieved from <https://procedures.lww.com/lmp/view.do?pld=6068161&hits=tube,chest&a=false&ad=false&q=chest%20tube>