This presentation is designed for clinician-to-clinician training on how to use the PleurX® drainage system.

This resource is intended for clinician use only. Patients with questions regarding the PleurX drainage system, should contact their doctor or nurse.
PleurX® Clinical Practice Guidelines

Care, Management, and Tips for Success
Content

• Description

• Indications for use

• Steps for draining

• Troubleshooting

• TIPS for success

• PleurX® resources
PleurX® Drainage System

- Patient-focused
- Allows patients with pleural effusions and malignant ascites to manage their fluid build-up at home, before it becomes uncomfortable
- Decreases need for repeat paracentesis and thoracentesis procedures
- Increases quality of life through better symptomatic control

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PleurX® Drainage System

- 15.5 French tunneled silicone catheter
  - Pleural cavity
  - Peritoneal cavity

- Single-use vacuum bottle

- Sterile dressing supplies for drainage procedure
FDA Indications

For intermittent, long term drainage of symptomatic, recurrent pleural effusion or malignant ascites that does not respond to medical management of the underlying disease.

• **PleurX® Pleural Catheter** indications:
  1) Palliation of dyspnea due to pleural effusion
  2) Providing pleurodesis (resolution of pleural effusion)

• **PleurX Peritoneal Catheter** is indicated for palliation of symptoms related to recurrent malignant ascites.
Warnings

• Do not attempt to drain the PleurX® catheter with anything other than PleurX drainage lines and bottles

• Do not insert anything other than PleurX access devices into the valve

• The blue clamp is for EMERGENCY use only

• Do not routinely flush the catheter

• Do not drain more than 1000ml from the chest or 2000ml from the abdomen at any one time
Drainage Kit Components

- Blue wrap (not shown)
- Latex-free gloves, qty. 2
- Gauze pads, qty. 4
- Alcohol pads, qty. 3
- Foam pad
- Self-adhesive dressing
- Valve cap
- Blue emergency clamp
- Vacuum bottle with drainage line attached

Drainage kit w/ 500 mL bottle: item# 50-7500B
Drainage kit w/ 1,000 mL bottle: item# 50-7510
Draining the Fluid Collection

• All components are sterile
• The inside of the vacuum bottle is NOT sterile
• Use a clean technique
• Keep access tip sterile
Prepare to Drain

• Prepare clean work area

• Remove dressing

• Set up drainage supplies

Directions for use:
Connect the Drainage Bottle

1. Close white pinch clamp

2. Remove access tip cover, set tip on field

3. Remove valve cap, swab with alcohol

4. Insert access tip
Drain the Fluid

1. Remove support clip

2. Depress T-plunger into bottle

3. Open white clamp, begin draining

4. Slow or stop with patient discomfort or when flow stops
Changing the Drainage Bottle

1. While catheter is still attached to bottle (valve and access line engaged), close pinch clamp

2. Prepare second bottle
3. Detach old bottle
4. Attach new bottle
5. Resume drainage
Final Steps

1. Detach drainage bottle

2. Clean valve with alcohol pad

3. Place new valve cap
PleurX® Drainage Procedure

Reminders

• Drainage is complete when:
  – patient experiences discomfort unrelieved with slowing the flow rate and/or
  – brisk flow of fluid stops
  – Usually completed in 5 – 15 minutes

• At any one time, do not drain more than:
  – 1000 mL from the chest or
  – 2000 mL from the abdomen

• If <50 mL fluid is drained in 3 consecutive drainage procedures, contact physician, as pleurodesis may have occurred
Placing a New Dressing

1. Clean catheter site with alcohol pad
2. Place foam pad
3. Coil catheter
4. Position gauze pads
5. Apply adhesive dressing
Cleared Supplemental Products

- ChloraPrep® Skin Preparation
- BioPatch® Protective Disk with CHG
- Cavilon™ No-Sting Barrier Film
- Alternative 6” x 8” Adhesive Dressings
Dressing Alternative

• Covered exit site with catheter secured outside of dressing
  1) Place foam pad, let catheter hang
  2) Place gauze over catheter
  3) Adhere dressing and tape catheter

• May replace dressing on or before 7th day, or when dressing materials are wet

• Using this method, a secondary dressing must be used to protect the valve if patient needs to shower

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Fluid Disposal

• Home disposal:
  – Push "T" plunger down, rotate, and remove cap and drainage line
  – Empty contents into toilet
  – Place used bottle(s) and line into trash bag, seal and discard with regular trash
  – PleurX bottles cannot be recycled

• Follow individual hospital or facility protocol
• Use standard precautions unless patient’s condition warrants otherwise
Troubleshooting – No Flow

• Possible causes:
  – Pleurodesis
  – Loculation
  – Occlusion
  – Loss of vacuum in drainage bottle

• Try:
  – Gently squeezing the catheter and drainage line
  – Attaching a new vacuum bottle
Troubleshooting – Catheter Dislodgement

Although rare, if catheter becomes dislodged or white cuff is visible, cover with sterile dressing and seek immediate medical attention.
Troubleshooting – Pain or Shortness of Breath

• If patient experiences pain or discomfort, slow or stop drainage

• If patient experiences shortness of breath that is not relieved after draining 1,000 mL from chest or 2,000 mL from abdomen, contact the physician
Troubleshooting – Fluid Leakage

• If fluid is leaking around the catheter site
  – Apply clean dressing
  – Immediately contact the physician

• If fluid is leaking around from the valve
  – Inspect the catheter for cuts or damage
  – Use the Blue Emergency Slide Clamp, if necessary
  – Immediately contact the physician
Obtaining a Fluid Specimen Using the PleurX® Catheter Access Kit

- Remove dressing
- Remove cap, insert access tip
- Attach syringe to needleless access valve
- Aspirate specimen
- Place new cap
- Redress

http://www.carefusion.com/pdf/Interventional_Specialties/PleurX-catheter-access-kit-DFU.pdf
Alternative Drainage Methods Using Lockable Drainage Line Set

PleurX lockable drainage line kit: item # 50-7265

- Standard wall suction
- Water seal drainage system
- Vacuum bottle
- Portable suction


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Alternative Drainage Methods Tips

• Drainage line may be used at -60 cm H₂O or less for as long as it takes to drain 1,000 mL from the chest or 2,000 mL from the abdomen
  – If wall or portable suction is used, it must be regulated to -60 cm H₂O or less
  – Make sure portable suction unit is capable of regulating to -60 cm H₂O or less

• When draining into glass vacuum bottles
  – Do not use a needle larger than 17G
  – Make sure the pinch clamp is fully closed

• -60 cm H₂O = -1.7 inHg = -44 mmHg = -.8 psi
PleurX® Patient Starter Kit

- **Starter kit components**
  - PleurX® drainage kits, including 1,000 mL bottles and procedure packs (*qty. 4*)
  - Convenient carrying box
  - Patient information kit

- **Patient information kit components**
  - Patient education DVD
  - Introductory letter with ordering information
  - Frequently asked questions (FAQ) brochure
  - Instructions for Use booklet
  - Reference wall chart
  - Emergency information card
  - Drainage log
Supplemental Patient Resources

• Patient education materials and DVD
• Drainage log
• Step-by-step instructional wall chart
CareFusion PleurX® Support Team

• Customer service: 800.323.9088
  – To order educational materials
  – For clinical questions, ask to be connected to a Quality Care Consultant or your local sales rep

• EdgePark Medical Supplies: 877.307.8033
  – To order patient supplies for home drainage
  – Ask to speak with a PleurX® Specialist
  – www.edgepark.com

• PleurX website
  – Patients: carefusion.com/pleurxpatient
  – Nurses: carefusion.com/medical-products/interventional-procedures/drainage/pleurx/nurses/
Thank you.

Questions?