



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	Chest Tube Care

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
1. The nurse will be able to discuss			
<ul style="list-style-type: none"> • Why is a chest tube used <li style="padding-left: 40px;">-Pneumothorax <li style="padding-left: 40px;">-Hemopneumothorax 			
<ul style="list-style-type: none"> • Respiratory Monitoring – rate, depth and effort. Note chest movement, watching for symmetry accessory muscle and retractions, percuss thorax, note tracheal location, listen to breath sounds, monitor for dyspnea, assess for crepitus and review chest xray. • Situations that can cause an increase in negative pressure of the chest such as coughing, turning, stripping or milking 			
2. The nurse will verbalize			
<ul style="list-style-type: none"> • Why we should not clamp a chest tube • How to check for an air leak and is it a good finding or bad finding? • Two ways to position the tube. • What to do if a chest tube is dislodged and what type of dressing is necessary • Pain Control and preventing hypoventilation, putting the patient at much higher risk of atelectasis and pneumonia • Keeping patient placed in a high or semi-Fowler's position to facilitate gravity drainage. 			
3. The nurse will demonstrate setting up a Chest Tube			
<ul style="list-style-type: none"> • Ability to monitor for bubbling and tidalling in the water seal chamber and the rate of drainage in the collection chamber 			
<ul style="list-style-type: none"> • Identify and name all three chambers <li style="padding-left: 40px;">-Collection Chamber, <li style="padding-left: 40px;">-Air Chamber <li style="padding-left: 40px;">-Suction Chamber 			

<ul style="list-style-type: none"> Adjusting water level in water seal & suction control with needle & syringe 			
<ul style="list-style-type: none"> Suction - Pinch suction tube closed momentarily to stop bubbling to assess for a constant, gentle bubbling in chamber, if necessary adjust vacuum source and add more water if necessary. Vigorous bubbling will cause faster evaporation. 			
<ul style="list-style-type: none"> Drainage Fluid- volume, rate, color and characteristics 			
4. Disconnecting the Chest Drainage Unit			
<ul style="list-style-type: none"> How do you know when a chest tube is ready to be removed 			
<ul style="list-style-type: none"> Valsalva maneuver or the end of exhalation with spontaneous breathing or the end of inspiration of a machine-generated breath. 			
5. Removing the Chest Tube			
<ul style="list-style-type: none"> Performed by physician. 			
<ul style="list-style-type: none"> Can be removed when: <ul style="list-style-type: none"> -Drainage diminished to little or nothing -Any air leak has disappeared -Fluctuations in the water seal chamber stop -The patient is breathing normally without any signs of Respiratory distress -Breath sounds are equal and at baseline for the patient -Chest XR show lung is re-expanded and there is no space in the pleural space 			
<ul style="list-style-type: none"> Suture set, petrolatum gauze, 4x4 sterile gauze pads and occlusive tape. 			
<ul style="list-style-type: none"> Medicate for pain 			
<ul style="list-style-type: none"> Patient is to exhale and perform a Valsalva maneuver to increase intrathoracic pressure as the tube is pulled out 			

Employee is competent to perform the above tasks independently and without supervision

Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	