1. The primary purpose of the water seal in chest tube insertion is to:
   a. restore negative pressure in the pleural space of the chest cavity
   b. maintain positive pressure in the lung
   c. increase drainage post thoracic surgery
   d. prevent pleural effusions

2. When blood or pus are to be drained through the chest tube, the tube is inserted in the area around which intercostal spaces?
   a. second or third
   b. fourth or fifth
   c. fifth or seventh
   d. eighth or ninth

3. Subcutaneous emphysema:
   a. will be present for the first 24 hours after chest tube insertion
   b. feels like crackling of the skin when the skin is palpated around the chest tube
   c. is an indication more suction is needed
   d. indicates the lung is fully inflated

4. Unless otherwise instructed by the surgeon, drainage in the chest tube should not exceed how much in 2 hours?
   a. 50 mL/hour
   b. 100 mL/hour
   c. 150 mL/hour
   d. 250 mL/hour

5. Tidaling:
   a. stops when the lung is re-expanded
   b. should be immediately reported to the physician
   c. may be excessive in systems using suction
   d. its purpose is primarily to remove fluid, not air

6. When wet suction is used with chest tubes:
   a. the suction ordered is between -20 cm and -40 cm
   b. set the ordered amount initially at -80 cm and increase slowly
   c. bubbling in the suction chamber should be reported immediately
   d. the chest tube may need to be removed; notify the physician

7. The primary intervention to promote fluid and air evacuation is to:
   a. strip the chest tube to promote drainage
   b. place the patient in semi-Fowler’s position to facilitate lung expansion
   c. ensure the patient is not turned on the affected side
   d. teach the patient deep breathing and coughing by splitting the chest

8. Clamping the chest tube:
   a. can be done when transporting the patient
   b. can cause a tension pneumothorax
   c. can be done after it has been inserted for 3 days
   d. can only be done by a physician

9. If drainage from a patient’s chest tube is purulent:
   a. the chest tube may need to be removed; notify the physician
   b. it is a normal finding
   c. it is usually related to infection or empyema
   d. it may indicate lymph or chyle

10. Evidence-based practice research related to chest tube management:
    a. has resulted in several national standardized guidelines
    b. has resulted in a standardized guideline indicating suction is not needed
    c. shows many physicians manage chest tubes according to their preference, not research
    d. is currently examining the safety aspects of long-term management

Evaluation

1. I can discuss the purpose of the water seal in chest drainage systems.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

2. I can assess patients with chest tubes for complications and provide appropriate interventions.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

3. I can document essential information related to the patient with a chest tube or chest drainage device.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

4. The objectives relate to the overall goal of the article.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

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10. A B C D

Before January 17, 2013, print this page, complete the multiple choice questions by circling the correct answer and mail or fax to: ADVANCE for Nurses, Learning Scope, 2900 Horizon Dr., King of Prussia, PA 19406; 610-278-1426.

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☐ Home Health
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☐ ICU
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