Cook Wayne Pneumothorax Kit (14 French) Tricks of the Trade

- For non-traumatic ptx or for large parapneumonic effusion involve pulmonary early (Brown Pulmonary if not Coastal PCP or Pulm patient) for recs and assistance if needed. In off-hours overnight ICU hospitalist can be a great resource in addition to Brown Pulm fellow on call! During daytime hours we should do consult in ED, in off hours consult at least by phone.
- Use a large drape in addition to small one in kit – it is too small, don't contaminate
- Use the Cook's Wayne Pneumothorax Kit (Do not Place if not the Wayne Pigtail-Do not place a straight catheter that looks like a thora or para drainage catheter)
- Location Location: Large pneumothorax best anterior 3d or 4th rib space mid clavicular line (where would needle decompress). For free flowing effusion want as low as possible but safely 1-3 ribs above diaphragm usually posteriorly preferred or lateral posterior if placed while lying on good side)
- For effusions evaluate site with u/s and always identify diaphragm prior to beginning , go at least 1 rib space above (consider ditching the triangle of safety landmark method unless not straight forward view with u/s), avoid the apex, usually posterior best)
- For pneumothorax get a sterile pre-filled saline flush 10 cc syringe ½ full for wetting pigtail and to aspirate air into when advancing needle
- Lidocaine is your patient's friend, especially near the pleura in an effusion that has been there a while (apply it before organizing, inject deep)
- <u>ALWAYS</u> keep needle perpendicular and palpate the rib before and while inserting- go <u>superior</u>
- When advancing wire know where needle bevel is and think where you want to go, wire will usually will go there (don't need to go past ½ length wire)
- Don't bury pigtail to the hub in normal sized patient! At level patient's skin no need to go past third black line closest to stopcock/3 way of valve at connection end pigtail
- Take out the trocar!
- Use a bio patch (from a central line dressing kit). No need gauze and or or Vaseline gauze (xeroform). Tegaderm and biopatch alone fine
- Suture like a regular chest tube! Get a needle driver and suture material with curved needle. You want it to stay in
- DO NOT THROW OUT OR DROP THE CONNECTOR!!!!
- Make sure three way open to pleuravac
- Save the Heimlich valve! You may want it later (but don't connect it in line with the pleuravac!!) Put Heimlich in a specimen bac ang seal it to go with the patient
- We (pulm and thoracic surgery) don't place large bore surgical tubes any more initially in pleural effusions, we use ultrasound to target location in base of largest area effusion
- Consider pulmonary consult for TPA/DNASe right away if loculated effusion
- Pigtails require regular maintenance, and you need to flush!!
- Place on suction 20 cm and write and order for suction. Get post placement CXR.
- Often prefer no Ct chest initially in large pleural effusion until drained (unless really loculated to start)
- Call us! Thank you!!

If any ?s call or text (Andrew Levinson 4013781672c)