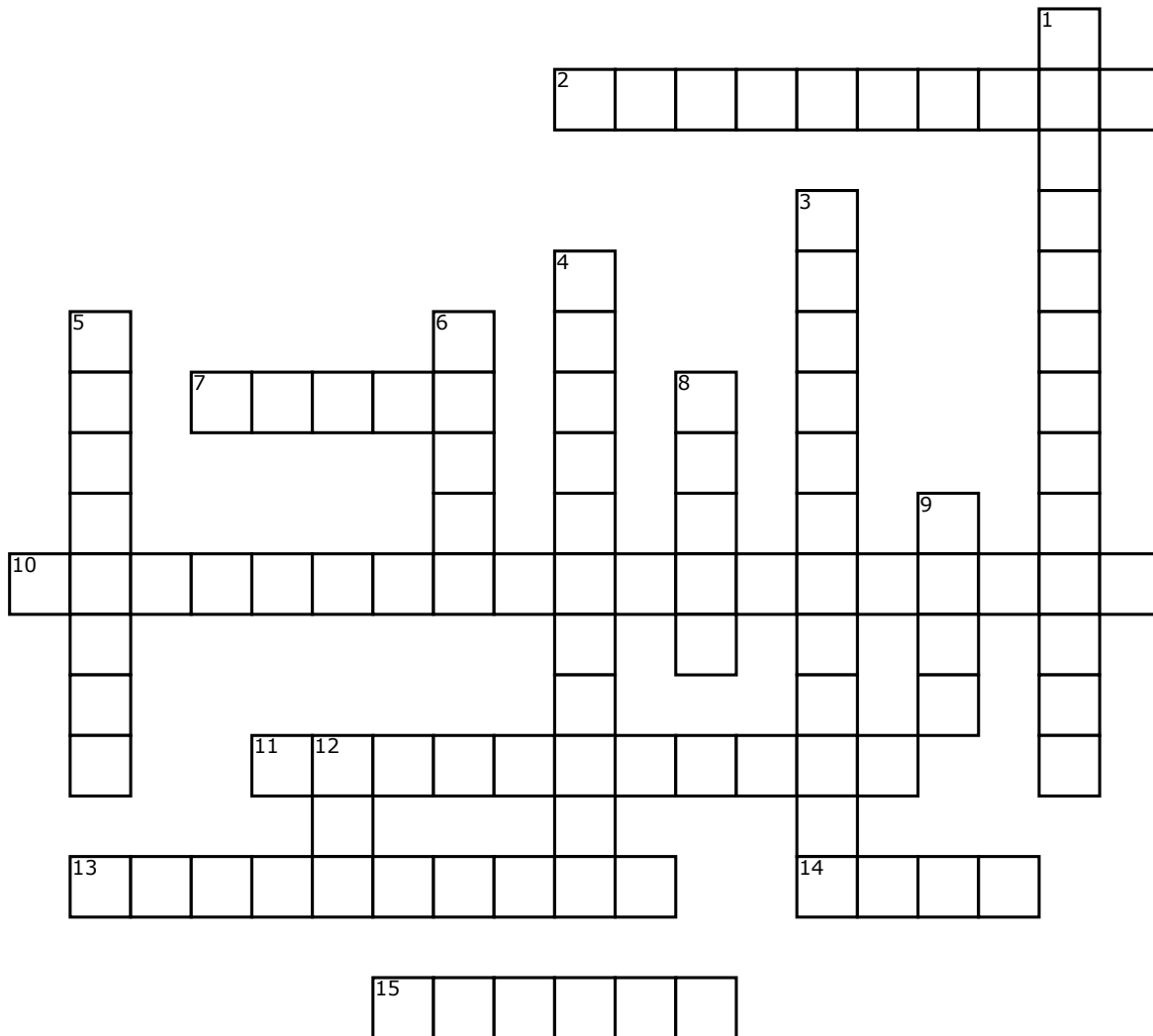


Name: \_\_\_\_\_

# Chest Tubes



## **Across**

**2.** Type of pneumothorax caused by blood build up.

**7.** How often, per policy, should output on the chest tube machine be marked?

**10.** Do not tape or block the positive pressure relief valve because it helps prevent a \_\_\_\_\_ if suction becomes blocked.

**11.** Where do you fill the water seal chamber?

**13.** Imposed suction and level of water seal equal the patient \_\_\_\_\_.

**14.** A \_\_\_\_\_ must be obtained if tubes accidentally get disconnected, patient is in distress, and to check tube placement.

**15.** The water seal allows air to \_\_\_\_\_ and prevents re-entry of air into the cavity.

## **Down**

**1.** If the chest tube comes out and the patient has no prior air leaks and is in no distress, cover the site with \_\_\_\_\_ and call the physician.

**3.** A \_\_\_\_\_ is caused by build up of air in the pleural cavity.

**4.** The \_\_\_\_\_ appears when suction is functioning properly.

**5.** The high negativity relief valve helps vent excess air to \_\_\_\_\_ patient negativity.

**6.** Do not EVER \_\_\_\_\_ the chest tube tubing.

**8.** What must you do to the patient tube before switching chest tube units?

**9.** The chest tube, vital signs, respiratory assessment, and pain should be assessed every \_\_\_\_\_ hours.

**12.** If the chest tube comes out and the patient is in distress call a \_\_\_\_\_.