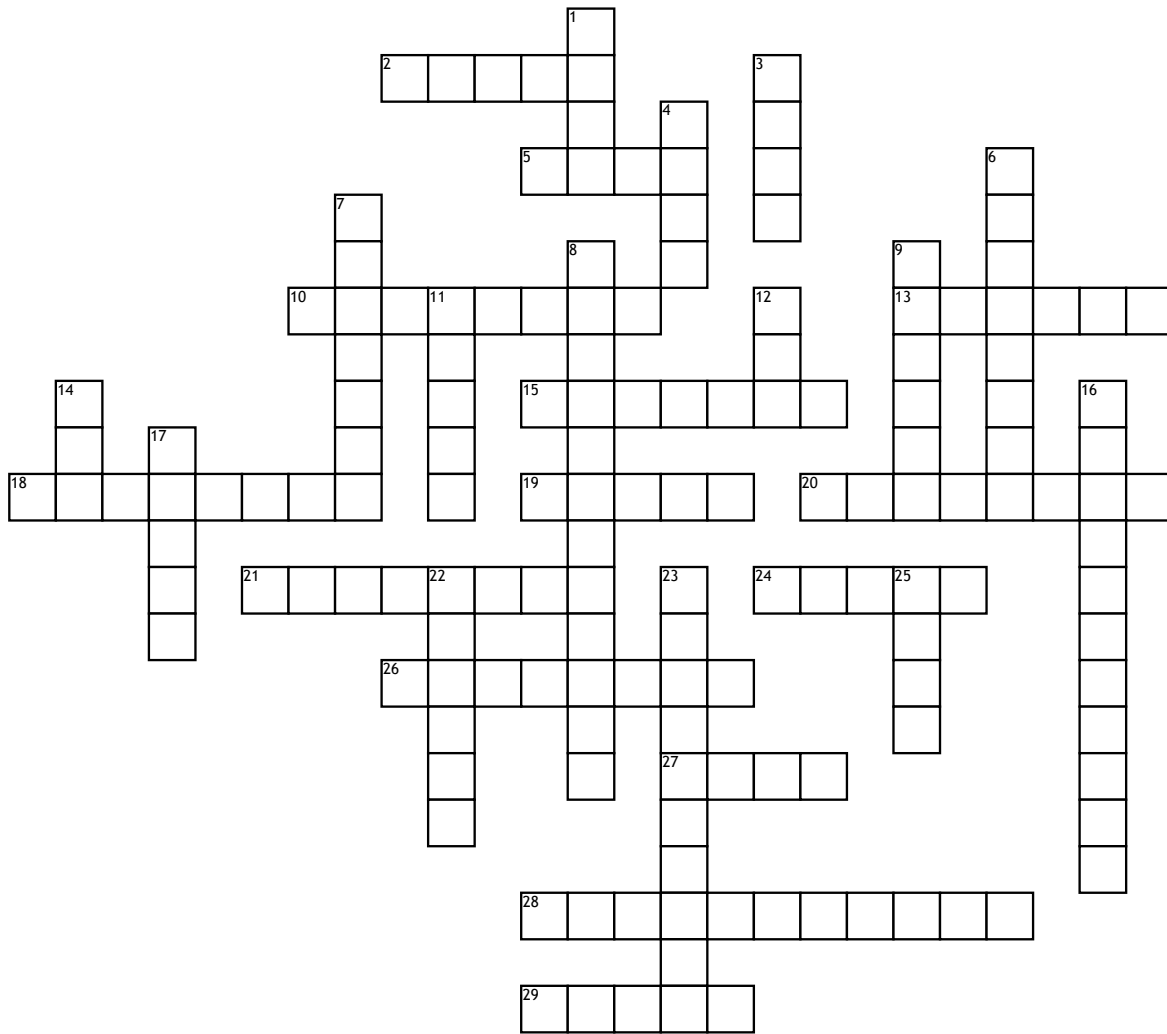


Lines and Tubes and Drains, OH MY!



Across

2. If our patient has an NG set to suction, the blue air vent should be placed _____ the level of the stomach (ideally at the head of the bed).
5. If a patient has an indwelling foley catheter, we need to assess every _____ hours.
10. An air leak may be present if you see persistent, continuous _____ in the water seal chamber.
13. _____ needs to be assessed and documented every 8 hours.
15. There should never be any _____ or tugging on the foley insertion tubing. Be sure to assess this when transporting your patient!
18. The suction canister and tubing will be _____ every 24 hours.
19. When documenting output from an NG set to suction, the RN is to _____ and rinse the canister every 8 hours.
20. The _____ needs to be changed every 48 hours or as ordered per provider. It can be changed PRN if wet/soiled.
21. Among other items, it is important to keep a padded _____ at the bedside in case of emergency.
24. We should never _____ our chest tubes, unless you have a specific order from your provider.

26. If you notice a sudden _____ in drainage not associated with turning, or if the drainage is bright red in color or in excess of 2ml/kg/hr for the first four hours, notify your provider immediately!

27. After removal of a foley, if the patient is unable to void within 6-8 hours, we will need to conduct a bladder _____ for further intervention.

28. If the chest tube catheter is dislodged, _____ cover the site with a sterile 4x4 and tape 3 sides.

29. Prior to transporting a patient with a foley, remember to _____ the collection bag.

Down

1. If your patient's chest tube has not drained at all in 8 hours, you still need to mark _____ in the chart for drainage.

3. Respiratory system and _____ levels should be assessed every four hours.

4. If a central line is dislodged during a dressing change (even a little bit), the provider must be called and an _____ may be necessary to confirm placement. It is never OK to just push it back in without calling the provider!

6. When documenting chest tube drainage, it is important to mark the physical chamber with the date, time and your _____. This needs to be done at least once per shift, but preferably every 8 hours.

7. When a patient has an NG set to suction, it is very important that the tube gets _____ with 10-20ml of saline or water every 4 hours or PRN.

8. If a patient has an NG set to low _____ suction, it should be set between 40-60mm hg.

9. When documenting chest tube output, it is important to note _____, color and rate of accumulation of drainage.

11. Keep the chest drainage system _____ chest level.

12. A CHG dressing may not be used on a patient less than _____ months gestational age.

14. After the removal of the chest tube, respiratory system needs to be monitored for _____ hour.

16. Proper _____ (2 words, no space) is vital as the first step in any manipulation of a central line.

17. Before flushing, we should always assess for brisk _____ return on a central line, even if it is infusing.

22. Central line dressing changes are completed weekly on _____, including changing all needleless connectors.

23. An _____ of the central line site must be performed hourly in a pediatrics patient.

25. When completing a dressing change, all people in the room need to wear a _____.