



EMS Information Bulletin 2016-03

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SUBJECT: Clarification for Chest Tubes in Paramedic Scope of Practice

TO: Pennsylvania EMS Agencies

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Bureau of EMS

To address recent questions about the interfacility transport of patients with indwelling chest tubes (chest tube thoracostomy), the Bureau of EMS is providing this clarification until additional language regarding this aspect of the scope of practice is published in the Pennsylvania Bulletin:

“Chest tube thoracostomy, monitoring of existing tube in a closed system (for example water seal or suction)” (see line 8, EMS provider scope of practice) is listed within the scope of practice for critical care transport (CCT) providers, but it is not listed within the scope of a paramedic who is not functioning at the level of a CCT provider.

1. The purpose of this differentiation is to ensure safety for patients who are being transported with a chest thoracostomy tube where advanced education and experience is required to recognize and respond to chest tube related emergencies and to troubleshoot chest tube issues. Examples of chest tube situations that require a CCT provider for safe transport include:
 - a. Actively inserted chest tube for a patient with a hemothorax or pneumothorax that requires active drainage to prevent reaccumulation.
 - b. A chest tube in a closed system that requires mechanical suction during transport to maintain safe drainage
 - c. A chest tube that is connected to a water seal to ensure drainage of air
2. There are situations where paramedics who are not functioning as a CCT provider may transport a patient with an indwelling chest tube. These include the following:
 - a. A patient with an indwelling tube in a vented system that is not at risk for occlusion or tension pneumothorax
3. There are situations where an EMS provider on an ambulance at or above the level of BLS ambulance may transport a patient with a chest tube if the patient meets the criteria outlined in the Statewide BLS Protocol #921 – Indwelling Intravenous Catheters/Devices. Examples of this situation include:
 - a. A chest tube that does not require any monitoring by the EMS provider because the tube is stable and will only require infrequent maintenance at the final destination of home, rehabilitation facility, or nursing home.

- b. A patient that is being transported with a chest tube that will be monitored by the patient or his/her family at the final destination
- c. A chest tube that is functioning as a wound drainage vacuum device (a drainage tube that is attached to a suction bulb under low pressure to drain small fluid accumulations from chronic wounds), which is in the published scope of practice for all EMS providers at or above the level of EMT.

EMS agency medical directors and operations managers should use this information to guide choices related to interfacility transport of patients with indwelling tubes in the chest. Please refer any questions to your regional EMS council.