

PROTOCOL FOR: Heimlich Valve: Care of the Patient with

DESIRED PATIENT

- OUTCOME:**
1. Patient's lung will re-expand and pneumothorax will resolve.
 2. Patient will verbalize pain level that is acceptable to him/her.
 3. Patient will demonstrate improved respiratory status.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Assess the Heimlich Valve every four hours for functioning and patency. If a pneumothorax is present, the tube will flutter as the air escapes through the valve on exhalation. No fluttering means that the pneumothorax has resolved or that the valve is potentially occluded.
 2. Check the stopcock position at the distal end of the valve every four hours. It should always be in the "ON" position.
 3. Assess cardiopulmonary status at least every four hours, including color, respiratory rate, respiratory efforts and breath sounds.
 - a. Notify MD/LIP if there are any changes in respiratory status or mental status.
 4. Assess pain level at least every four hours or more frequently with uncontrolled pain.
 5. Monitor and document drainage from the Heimlich Valve at least once every shift if it is attached to a collection device.
 6. If the chest tube becomes disconnected from the Heimlich Valve, place the end of the chest tube in a cup of sterile water to maintain a water seal. Notify MD/LIP.
 7. If the chest tube becomes dislodged, apply Vaseline, gauze and an occlusive dressing over the insertion site. Continue to monitor patient tolerance and report any signs and symptoms of respiratory distress. Notify MD/LIP.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 2/84

REVISION DATES: 3/86, 9/88, 12/90, 6/94, 12/97, 8/99, 9/00, 11/02, 2/06, 6/09