

Tubes and Lines Policy: Chest

Abnormal line and tube positions requiring notification

1. Central venous lines/PICC lines
 - a. Any placed within undesirable vessels such as within jugular veins or placement within the right atrium or IVC, or azygous vein.
 - b. Any which do not follow the course of the expected vessel
 - c. Any which are coiled or looped within any vessel.
 - d. Any which appear broken or possibly intra-arterial in location.
2. NG/Feeding tubes
 - a. Enteric tubes with the proximal side port in the distal esophagus (above projected location of GE junction)
 - b. Enteric tubes coiled within esophagus or hypopharynx.
 - c. Enteric tubes ending in the upper esophagus.
 - d. Enteric tubes within the tracheo-bronchial tree or lung.
3. Endotracheal tubes
 - a. Those ending high in location i.e. at the level at the thoracic inlet/at or above the T1
 - b. Those ending within one centimeter above the carina
 - c. Those extending into either mainstem bronchi.
4. Chest Tubes
 - a. Those residing outside the pleural space or those within lung tissue
 - b. Those with the proximal side port outside the margin of ribcage
5. Swan-Ganz catheter
 - a. Those that extend too far peripherally into the lung i.e. beyond mid-clavicular line
 - b. Those the end proximal of the projected pulmonic valve, i.e. in the right heart or pulmonary outflow tract
6. Intra-aortic balloon pump
 - a. The tip of the IABP should be caudal to the origin of the left subclavian artery, which on CXR is just caudal to the aortic knob. Its distal end should be proximal to the celiac axis origin.
7. Cardiac pacing/defibrillation leads

- a. Those which have migrated from the position noted on a prior exam
- b. Those which appear to have penetrated through the myocardium
- c. Those which are newly fractured, i.e. not seen on prior exam
- d. Those which are newly discontinuous with the pacer (does not include abandoned leads left in place)

Complications (other than malposition) of support device(s) placement requiring notification

1. Following vascular line placement
 - a. New pneumothorax (any size)
 - b. Increasing pleural fluid
 - c. Increasing soft tissue density suggesting hematoma (e.g. mediastinal widening, apical capping, etc)
2. Following enteric tube placement
 - a. New airspace disease that may indicate aspiration
3. Endotracheal tube
 - a. New subcutaneous or mediastinal air that may indicate tracheal perforation
4. Intracardiac lines/devices
 - a. As with vascular line placement (see above)
 - b. New increase in size of cardiac silhouette that may indicate increasing pericardial fluid (hemopericardium, etc.)