

# **Indwelling Pleural Catheter Management Policy**

**V4.0**

**July 2022**

# Summary

## Drainage Procedure

All the equipment should be found in the dressing pack.

- Ensure the patient is comfortable and fully informed about the procedure
- Wash hands
- Open dressing pack and drainage bottle
- Wearing disposable gloves, remove the dressing
- Wash hands
- Put on sterile gloves
- Check drainage bottle is clamped
- Remove cover from access tip on drainage bottle
- Remove IPC cap using non-touch technique with a piece of sterile gauze
- Clean IPC tip and the lower end of tubing with appropriate disinfectant wipe for medical devices and place on sterile sheet
- Insert drainage bottle access tip into IPC tip and twist until you hear and feel a click
- Release clamp on drainage bottle line and then slide blue button upwards to control drainage speed
- Drain slowly. Use caution if draining more than recommended limit of 1000ml in a single drainage (drainage bottles typically hold 600mls so you may need to change to a new bottle).
- Drain fluid until either:
  - a. The fluid stops draining independently
  - b. You reach recommended drainage limit of 1000ml
  - c. The patient starts to experience any symptoms of cough, pulling in the chest, pain, or breathlessness
- Clamp drainage bottle and disconnect
- Clean IPC tip with appropriate disinfectant wipe for medical devices
- Place a NEW sterile cap on the IPC tip
- Position the spilt pad around the IPC
- Wind the IPC over the pad to form a circle

- Cover with gauze
- Secure with vapour-permeable adhesive film. Do not apply film directly to the IPC
- Dispose of all equipment in the appropriate bag for clinical waste (For community patients, district nurses are to arrange for local county council to collect for incineration. Do NOT empty the bottle into water system)

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### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

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## 1. Introduction

- 1.1. The indwelling pleural catheter (IPC) is used for the drainage of a pleural effusion. The drain is inserted into the pleural space of patients who have a recurrent, malignant pleural effusion when either pleurodesis is not possible or a patient chooses to be managed in an outpatient setting. IPC's can relieve breathlessness, reduce hospital attendances for repeated pleural aspirations, and improve quality of life.
- 1.2. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy/Procedure

To provide staff caring for patients with an IPC in situ with the appropriate information to manage them safely.

## 3. Scope

- 3.1. This strategy applies to all those involved in service redesign, from Executive level, through to Care group Management teams to staff members working directly in clinical services who are involved in looking at their own service redesign.
- 3.2. The RCHT lead for overseeing the management of the indwelling pleural drain will be supported by the Care Group Management Team.

## 4. Definitions / Glossary

- Indwelling pleural catheter – IPC

## 5. Ownership and Responsibilities

All members of staff involved in the drainage of pleural fluid using an indwelling pleural catheter.

### 5.1. *Role of the Managers*

Line managers are responsible for ensuring their staff have had the correct training to carry out the procedure.

### 5.2. *Role of Individual Staff*

All staff members are responsible for:

- 5.2.1. All staff members are responsible for ensuring they have read the document and adhere to the information given.
- 5.2.2. Staff should ensure they have received appropriate face to face training of IPC management. This document is not designed as a training aid.
- 5.2.3. Staff should ensure the equipment is sterile and in date.
- 5.2.4. All staff should be aware of personal limitations. They should declare to a

senior member of staff if they do not feel they are competent to carry out the procedure.

5.2.5. A standardised approach will be used by all nurses for individual patients. If any further training is required, then the nurse should seek advice from a senior member of the team.

## **6. Standards and Practice**

### **6.1. *Drainage Procedure***

All the equipment should be found in the dressing pack.

- Ensure the patient is comfortable and fully informed about the procedure
- Wash hands
- Open dressing pack and drainage bottle
- Wearing disposable gloves, remove the dressing
- Wash hands
- Put on sterile gloves
- Check drainage bottle is clamped
- Remove cover from access tip on drainage bottle
- Remove IPC cap using non-touch technique with a piece of sterile gauze
- Clean IPC tip and the lower end of tubing with appropriate disinfectant wipe for medical devices and place on sterile sheet
- Insert drainage bottle access tip into IPC tip and twist until you hear and feel a click
- Release clamp on drainage bottle line and then slide blue button upwards to control drainage speed
- Drain slowly. Use caution if draining more than recommended limit of 1000ml in a single drainage (drainage bottles typically hold 600mls so you may need to change to a new bottle).
- Drain fluid until either:
  - a. The fluid stops draining independently
  - b. You reach recommended drainage limit of 1000ml
  - c. The patient starts to experience any symptoms of cough, pulling in the chest, pain, or breathlessness
- Clamp drainage bottle and disconnect

- Clean IPC tip with appropriate disinfectant wipe for medical devices
- Place a NEW sterile cap on the IPC tip
- Position the spilt pad around the IPC
- Wind the IPC over the pad to form a circle
- Cover with gauze
- Secure with vapour-permeable adhesive film. Do not apply film directly to the IPC
- Dispose of all equipment in the appropriate bag for clinical waste (For community patients, district nurses are to arrange for local county council to collect for incineration. Do NOT empty the bottle into water system)

## 6.2. **Further Recommendations**

- 6.2.1. IPCs are inserted to drain pleural fluid to relieve breathlessness, stop re-admission into hospital for repeated pleural aspirations and improve quality of life.
- 6.2.2. **Sutures:** Sutures are to be removed 12-14 after IPC insertion. If having difficulty removing stitch without risk of cutting IPC, leave in place and contact Pleural CNS team for review (contact details below).
- 6.2.3. **Change in colour of pleural fluid:** If the pleural fluid becomes cloudy or changes in consistency, send a sample for MC&S using a rocket IPC drainage line and contact the Pleural CNS team.
- 6.2.4. **Redness:** If redness or discharge develops around the IPC site then swab the area and check vital signs. If redness increases or patient feels unwell, contact GP, or the Pleural CNS team.
- 6.2.5. **Drainage:** After insertion, the IPC is to be drained 3 times week a week. Once drainage regime is established, the frequency of drainages can be increased or decreased depending on patient symptoms and drainage volumes. Record fluid drained.
- 6.2.6. **Reduction in fluid:** If drainage volumes significantly reduce to three consecutive drainages of less than 100ml, please contact the Pleural CNS team.
- 6.2.7. If you need advice before changing the drainage regime, contact Pleural CNS team.

### **Useful Contact Numbers:**

#### **Pleural CNS team**

01872 252058

[rcht.pleuraleffusionhotline@nhs.net](mailto:rcht.pleuraleffusionhotline@nhs.net)

## 7. Dissemination and Implementation

7.1. This document will be added to the Trust electronic Documents Library.

7.2. All staff who are involved in the care of patients with an IPC insitu will be informed of the new policy.

## 8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All staff who are involved in the care of patients with an IPC in situ will be informed of the new policy
Lead	Unit / Line Managers
Tool	Staff training records
Frequency	As required
Reporting arrangements	Any incidents regarding the use of the IPC will be reported on DATIX
Acting on recommendations and Lead(s)	Recommendations made will be implemented by the various staff groups – Pleural CNS's, Ward Manager Wellington Ward.
Change in practice and lessons to be shared	Required changes will be identified and actioned within 4 weeks or as agreed in the action plan. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

## 9. Updating and Review

This policy will be reviewed no less than 3 years after issue unless changes in equipment provision require an earlier review.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Indwelling Pleural Catheter Management Policy V4.0
<b>This document replaces (exact title of previous version):</b>	A Policy for the management of indwelling pleural catheter V3.0
<b>Date Issued/Approved:</b>	June 2022
<b>Date Valid From:</b>	July 2022
<b>Date Valid To:</b>	July 2025
<b>Directorate / Department responsible (author/owner):</b>	Natalie Zahan-Evans, Pleural CNS, Respiratory
<b>Contact details:</b>	01872 252058
<b>Brief summary of contents:</b>	To provide guidance for all staff caring for patients in an IPC in situ
<b>Suggested Keywords:</b>	Pleural drain, Pleural effusion, Chest drain
<b>Target Audience:</b>	RCHT: Yes CFT: No KCCG: No
<b>Executive Director responsible for Policy:</b>	Medical Director
<b>Approval route for consultation and ratification:</b>	Respiratory governance committee
<b>General Manager confirming approval processes:</b>	Rachael Pearce
<b>Name of Governance Lead confirming approval by specialty and care group management meetings:</b>	Siobhan Hunter
<b>Links to key external standards:</b>	None required
<b>Related Documents:</b>	None required
<b>Training Need Identified?</b>	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Respiratory

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
20 Sep 12	V1.0	Initial issue	Sue Pascoe Lung Cancer CNS
1 Sep 15	V2.0	Amended and updated	Sue Pascoe Lung Cancer CNS
8 <sup>th</sup> Feb 19	V3.0	Full review. Divisional Management changed to Care Group management. 6.2.2 – addition re if concern re cutting catheter. Removal of staff members' names.	Lindsey Taylor, Respiratory ST7
25 May 22	V4.0	Full review	Natalie Zahan-Evans Pleural CNS

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team [richt.inclusion@nhs.net](mailto:richt.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Indwelling Pleural Catheter Management Policy V4.0
<b>Directorate and service area:</b>	Specialist Medicine / Respiratory
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Natalie Zahan-Evans, Pleural CNS
<b>Contact details:</b>	01872 252058

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance on the management of indwelling pleural catheters.
<b>2. Policy Objectives</b>	To provide guidance on the management of indwelling pleural catheters.
<b>3. Policy Intended Outcomes</b>	To provide guidance on the management of indwelling pleural catheters.
<b>4. How will you measure each outcome?</b>	Correct use of the indwelling catheter. Relief of breathless and avoid or reduce hospital stay.
<b>5. Who is intended to benefit from the policy?</b>	Patients with a recurring pleural effusion.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Respiratory Governance Group
<b>6c. What was the outcome of the consultation?</b>	Approved
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b> British Thoracic Society Pleural Guideline 2010

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g., physical, or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Natalie Zahan-Evans, Pleural CNS

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)