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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: CHEST TUBES: REMOVAL OF PLEURAL AND MEDIASTINAL CHEST TUBES

APPROVED DATE: 01/07

REVISED DATE: 3/12, 1/16, 7/19 09/23

ORIGINATING COMMITTEE: SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of X RN LPN

ADVISORY OPINION

CHEST TUBES: REMOVAL OF PLEURAL AND MEDIASTINAL CHEST TUBES

It is within the scope of practice for Registered Nurses (RN) to remove pleural and/or mediastinal chest tubes if the following criteria are met:

I. GENERAL REQUIREMENTS

- A. Written policies and procedures are maintained by the facility/employer.
- B. Only RNs who have successfully completed an instructional program and who have completed supervised clinical practice and are able to effectively manage potential complications of this procedure may remove chest tubes.
- C. Documentation of satisfactory completion of the instructional program and supervised clinical practice will be maintained by the employer.
- D. Appropriate monitoring including pulse oximetry and resuscitative supplies should be immediately available.
- E. A periodic educational/competency and validation mechanism is developed per facility guidelines/policies.

II. COURSE OF INSTRUCTION

- A. Only RNs who have the knowledge and have demonstrated competency may remove pleural and/or mediastinal chest tubes. The instructional program includes didactic & classroom instruction, followed by supervised clinical practice that includes but is not limited to:
 1. Anatomy and physiology, nursing management and rationale for both mediastinal and pleural chest tube placement and removal.
 2. Demonstrated knowledge of potential adverse reactions and complications of chest tube removal and nursing interventions to manage these complications.
 3. Specifications for supervision and oversight by a licensed practitioner (LP) and the accessibility of the LP to assist with potential complications.

III. RATIONALE

A RN can safely remove mediastinal and/or pleural chest tubes with completed instructions, supervised clinical practice and appropriate resources available for complication management.

IV. REFERENCES

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