Hemothorax Guidelines

1. Place chest tube if HTX present per chest tube protocol (1)
   a. Large bore chest tube (28-40F) (2)
   b. One dose of antibiotics starting just prior to placement (3, 4)
      i. 1st generation cephalosporin
2. Order post-procedure CXR
3. If radiographic evidence of retained HTX
   a. If within 24 hours, consider placing 2nd chest tube
   b. Order chest CT on day 3 if HTX is still present on CXR (5)
      i. If ≥300mL HTX (formula v=d² x l) present on CT (6, 7)
         1. VATS on or before day 7 (1, 5-11)
         2. Consider intrapleural TPA (9, 12-14) if poor operative candidate or other indications
            a. 50mg TPA in 100mL NS (TPA concentration 0.5mg/mL) injected in chest tube daily x 3 days (15-18) using sterile technique by MD or NP
            b. Clamp chest tube x 1 hour (16)
            c. Roll patient to ensure distribution throughout chest
            d. Unclamp tube and allow drainage
            e. No additional monitoring required if on water seal
            ii. If <300mL HTX present, no additional intervention needed (1, 6)
4. If no radiographic evidence of retained HTX
   a. Place tube to water seal if no evidence of PTX on morning CXR and no air leak in tube
   b. Remove chest tube when output <200mL/24hr (19)

References


March 21, 2012
Brad Dennis, MD

Richard Miller, MD
Chief, Division of Trauma and Surgical Critical Care