

# NURSING CARE OF THE CLIENT HAVING A THORACENTESIS

## PREPROCEDURE CARE

- Verify a signed informed consent for the procedure. *This invasive procedure requires informed consent.*
- Assess knowledge and understanding of the procedure and its purpose; provide additional information as needed. *An informed client will be less apprehensive and more able to cooperate during the thoracentesis.*
- Preprocedure fasting or sedation is not required. *Only local anesthesia is used in this procedure, and the gag and cough reflexes remain intact.*
- Administer a cough suppressant if indicated. *Movement and coughing during the procedure may cause inadvertent damage to the lung or pleura.*
- Obtain a thoracentesis tray, sterile gloves, injectable lidocaine, povidone-iodine, dressing supplies, and an extra overbed table or mayo stand. *These supplies are used by the physician performing the procedure.*
- Position the client upright, leaning forward with arms and head supported on an anchored overbed table. *This position spreads the ribs, enlarging the intercostal space for needle insertion.*
- Inform the client that although local anesthesia prevents pain as the needle is inserted, a sensation of pressure may be felt. *A pressure sensation occurs as the needle punctures the parietal pleura to enter the pleural space.*

## POSTPROCEDURE CARE

- Monitor pulse, color, oxygen saturation, and other signs during thoracentesis. *These are indicators of physiologic tolerance of the procedure.*
- Apply a dressing over the puncture site, and position on the unaffected side for 1 hour. *This allows the pleural puncture to heal.*
- Label obtained specimen with name, date, source, and diagnosis; send specimen to the laboratory for analysis. *Fluid obtained during thoracentesis may be examined for abnormal cells, bacteria, and other substances to determine the cause of the pleural effusion.*
- During the first several hours after thoracentesis, frequently assess and document vital signs; oxygen saturation; respiratory status, including, respiratory excursion, lung sounds, cough, or hemoptysis; and puncture site for bleeding or crepitus. *Frequent assessment is important to detect possible complications of thoracentesis, such as pneumothorax.*
- Obtain a chest X-ray. *Chest X-ray is ordered to detect possible pneumothorax.*
- Normal activities generally can be resumed after 1 hour if no evidence of pneumothorax or other complication is present. *The puncture wound of thoracentesis heals rapidly.*