

DRAIN CARE INSTRUCTIONS AND LOG

Drain Care

Follow these instructions explicitly and record drainage as required, below. **You must do this 2 times per day, and at any time the drainage bag is more than 1/3 full.** Please submit the drain log to Dr. Park for your patient record. Drainage is normal. It usually begins red, fades to pink, and becomes yellow. Dr. Park typically leaves drain until each drain is draining less than 30 ccs (1 oz) per day.

1. Wash your hands well with anti-bacterial soap.
2. Once you have measured your fluid drainage, you must **“milk” or strip the drain tubing.** This is done to prevent small clots from blocking fluid flow.
 - ✓ To do this, hold the tubing securely at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb.
 - ✓ If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb again and replace cap.
3. Open cap on the drain bulb. Pour out drainage into a clean **measuring cup.** Record the amount of drainage and time of day as indicated. Dispose of drainage in the toilet and flush.
4. **Squeeze bulbs tight.** Replace cap.

Cleansing the Drain Site

Once per day initially and later if needed due to drainage at skin entry site, apply gauze around drain sites. Change the gauze more often if it becomes saturated.

Check the skin around the drains for leakage or redness (a slight redness immediately around the tube is not unusual). If there is leakage, begin milking the tubes downward towards the bulb and continue milking every hour until leakage slows down. It is possible although cumbersome to shower with drains in place. After showering, clean at the skin entry site with rubbing alcohol and then **Apply Vaseline, antibiotic ointment, or Thermazine (Silvadene) around the drain insertion site.** This is also a way to try to regain a seal if the bulb is not holding suction.

Additional Instructions

- Always secure the drain to your clothing so that there is no tension on the drain at the incision site.
- Do not cut the drains.
- Keep tubes connected to the bulbs.
- Check that the bulb is always deflated (or flat).

Caution and Concern

If your drain pulls out completely, cover the site with gauze and dispose of it. We are not going to replace the drain unless a problem arises.

Notify our office if any of the following occur:

- A large amount of leakage around the drain.
- A marked increase in drainage output (double your usual flow).
- Increased heat, redness, or tenderness around the insertion site
- The drain is partially pulled out and no longer holding suction. In this scenario, we will need to remove the drain in the office in the near future.

DRAIN LOG

DATE	TIME	AMOUNT DRAINED		
		#1 (cc/ml)	#2 (cc/ml)	#3 (cc/ml)

Day 1

DAILY TOTAL				

Day 2

DAILY TOTAL				

Day 3

DAILY TOTAL				

Day 4

DAILY TOTAL				

Day 5

DAILY TOTAL				

Day 6

DAILY TOTAL				

Day 7

DAILY TOTAL				