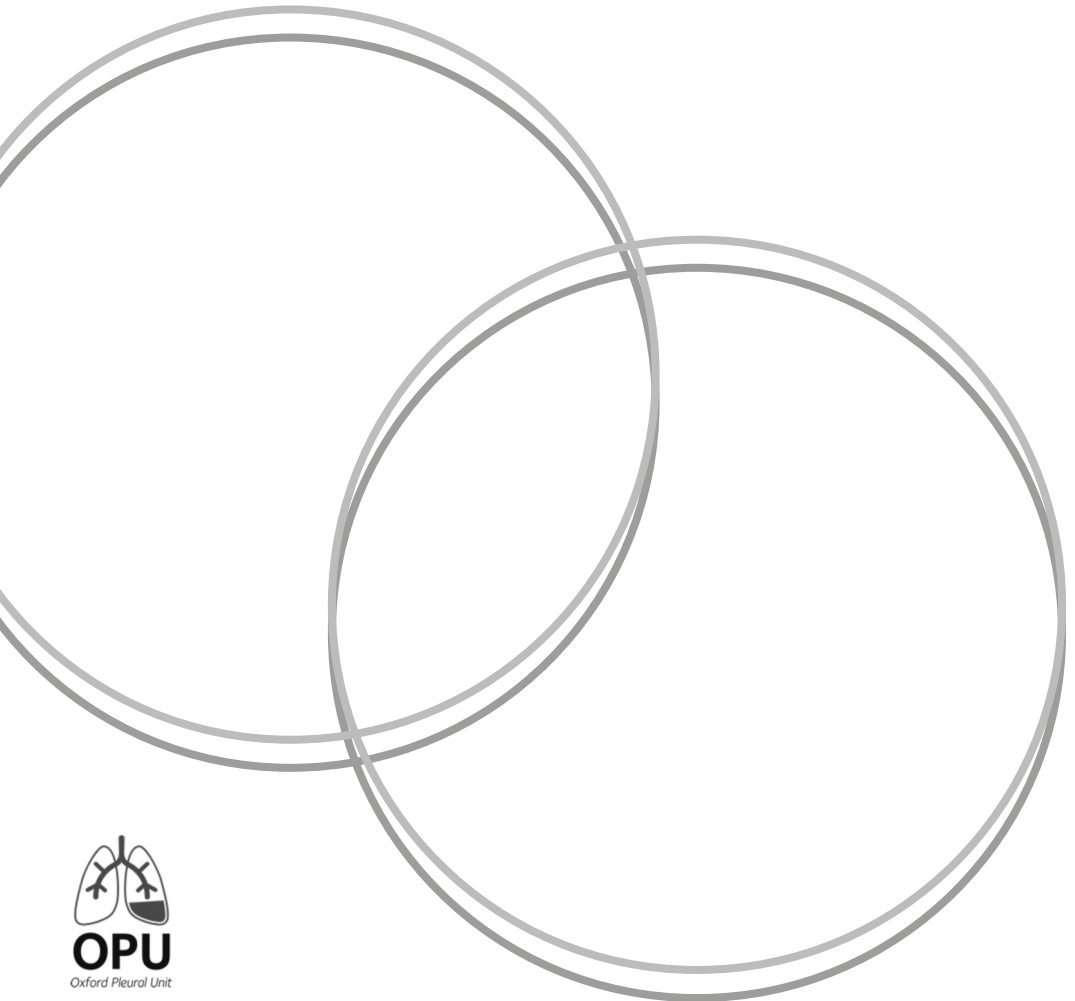


# Information for Healthcare Professionals

## Chest Tube/Drain and Atrium Express Mini 500<sup>®</sup>



- This patient has a chest tube/drain connected to an Atrium Express Mini 500®. This is being used to drain a pneumothorax. The patient has an ongoing air leak and has been discharged with this device while the air leak resolves. This may take days to weeks. They are having ongoing regular follow-up with the Pleural Team.
- The Atrium Express Mini 500® is a waterless operating system with 500ml collection volume and a dry one way valve for seal protection.
- Once connected to the patient's chest drain, the vacuum indicator should turn green on and off according to the presence of negative pleural pressure/the patient's inspiration.
- Air leak detection – you can choose to add 20ml of normal saline/sterile water to the air leak window through the needleless Luer port in the front of the drain. Tip the drain to the right until collection fluid shows in window (A). Bubbling in this window will confirm ongoing air leak. Immediately return the drain to upright position.
- Suction port would not be used for patients who are on the ambulatory pathway. This can be connected to wall suction if they are admitted and require suction.



**The Positive Pressure Release Valve (E) should never be tampered with.**

## Frequently asked questions

- Is the Atrium 500® position sensitive?
  - The dry seal valve is not position sensitive during operation. However, fluids do have the potential to leak out if tipped at a severe angle. Therefore, whether the patient is ambulating or confined to bedrest, it is recommended to always maintain the unit below the patient's chest in an upright position.
- Do I need to add water to the drain?
  - No. The Atrium 500® does not require water to operate.
- What should I do when the drain fills?
  - The Atrium 500® can either be replaced with a new one, or the fluid collection chamber can be drained using a 20ml/50ml needleless Luer lock syringe after cleaning the connection port with chlorhexidine wipes.
- **If there are concerns about subcutaneous emphysema (air tracking under the skin, causing swelling), breathlessness, significant worsening pain or infection, the patient should be urgently taken to any Emergency Department for chest X-ray and assessment.**

## Contact details

### **Pleural Team at Oxford University Hospitals NHS Foundation Trust**

During working hours

#### **Pleural Specialist Nurse (Monday to Thursday)**

Telephone: 07769 285 354

#### **Pleural Medical team (Monday to Friday)**

Telephone: 01865 741 166 and ask for bleep 8112  
or 07768 252 650

Email: [pleural.unit@nhs.net](mailto:pleural.unit@nhs.net)

#### **Outside these hours call the Hospital switchboard**

Telephone: 01865 741 166 and ask for the On-call Respiratory doctor.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Radiology Imaging  
October 2024  
Review: October 2027  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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