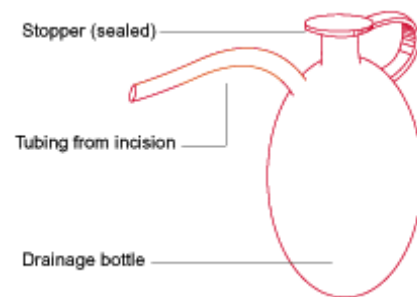


Care of your Jackson-Pratt Drains

Introduction

The Jackson Pratt system is made up of a soft plastic bulb (Figure 1). At the top of the bulb are a catheter and a drainage outlet with stopper. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision. To achieve the best healing results, the bulb should be compressed *at all times* except when you are emptying the drainage. The amount of time you will keep the drain depends upon your surgery and the amount of drainage you are having. Drainage is very individual.

Your doctor will decide when to remove the drains based on the amount of drainage that has accumulated, so please be sure to bring the **JP drain output record** with you to all your follow-up appointments.



CARING FOR YOUR JACKSON PRATT SYSTEM

Caring for your Jackson Pratt at home will involve the following:

1. Stripping the tubing to help move clots.
2. Emptying the drains several times a day and recording the amount of drainage on the **JP DRAIN OUTPUT RECORD**.
3. Caring for your insertion site (the area where the catheter enters your skin).
4. Recognizing when there is a problem.

STRIPPING THE TUBING

These steps will help move clots through the tubing and promote the flow of drainage. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them thoroughly.
2. At the point closest to the insertion site, pinch and hold the tubing between the thumb and forefinger of one hand.
3. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched; slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing more easily.
4. Repeat steps as necessary to push clots from the tubing into the bulb. If you are unable to move a clot into the bulb, call your doctor's office.
5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

How to Empty Your Jackson Pratt and Record the Drainage

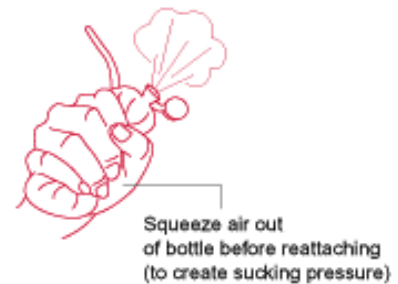
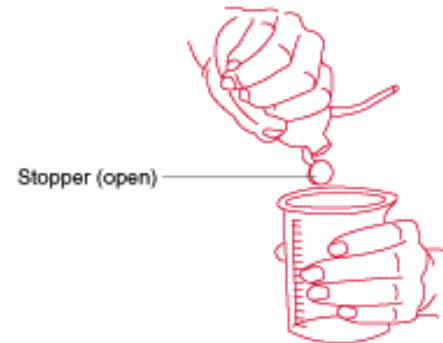
You will need to empty your Jackson Pratt in the morning and in the evening.

Equipment Needed:

1. Measuring container given to you by your nurse.
2. JP drain output record

Steps to Follow:

1. Prepare a clean area on which to work and gather your equipment.
2. Wash your hands thoroughly with soap and water. Dry them thoroughly.
3. Unplug the stopper on top of the Jackson Pratt. This
 1. will cause the bulb to expand.
4. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
5. Turn the Jackson Pratt upside down, gently squeeze the bulb, and pour the contents into the measuring container (Figure 2).
6. Turn the Jackson Pratt right side up.
7. Squeeze the bulb until your fingers feel the palm of your hand.
8. Continue to squeeze the bulb while replugging the stopper.
9. Check to see that the bulb remains fully compressed to assure a constant gentle suction.
10. Pin the collar of your Jackson Pratt securely to a piece of your clothing. **Do not allow your drains to dangle.** A "fanny pack" or belt bag may be helpful to hold the drain.
11. Check the amount of drainage in the measuring container.
12. Record this amount on your Jackson Pratt Drainage Record.
13. Empty the drainage down the toilet and rinse the measuring container with water.
14. At the end of each day, add the total amount of drainage for the 24-hour period and record it in the last column of the drainage record.
15. ***If you have more than one drain, measure and record each separately.***



CARING FOR THE INSERTION SITE

Once you have emptied the drainage, wash your hands again. Check the area around the catheter insertion site.

Look for tenderness, swelling, or pus from the insertion site. If you have any of these or a temperature of 101° F (38.3° C), you may have an infection. Call our office at 713-798-4865. Sometimes the drain causes redness the size of a dime at the insertion site. This is normal. Apply antibiotic ointment around the tubing and dress the wound with a piece of gauze attached by tape.

PROBLEMS YOU MAY ENCOUNTER WITH THE JACKSON PRATT SYSTEM

Problem: *The bulb is not compressed.*

Why?

- The bulb was not compressed completely because it wasn't squeezed tightly enough.
- The stopper is not closed securely.
- The suction catheter has been dislodged and is leaking.

What to Do.

- Compress the bulb
- If the bulb remains expanded after following the above steps, notify our office during business hours.

Problem: There is:

- no drainage
- a sudden decrease in the amount of drainage
- drainage on or outside the catheter dressing

Why?

Sometimes a "string-like" clot clumps the catheter. This can block the flow of drainage.

What to Do.

- Follow the instructions for tube stripping
- If there is no increase in drainage flow, notify our office at 713-798-4865 during business hours. If it occurs at night, call our office the next day.

Problem: *The Jackson Pratt catheter falls out from the insertion site.*

Why?

This rarely happens because the catheter is held in place with sutures. It can occur if the catheter is pulled.

What to Do.

If this does occur, place a fresh dressing over the site and call our office at 713-798-4865 during business hours.

Problem: *You have redness greater than the size of a dime, swelling, heat, or pus around the catheter insertion site.*

Why?

These may be signs of an infection.

What to Do:

- Take your temperature. Call our office and to notify us of the signs around the insertion site. And please let us know if your temperature is 101° F (38.3° C) or higher.
- Keep the insertion site clean and dry by washing it with soap and water and then gently patting it dry.

What do I report to my doctor?

- Redness, swelling, and drainage around the area where the tube exits the body.
- Immediate refilling of the bulb with drainage/blood after emptying.
- Inability to flatten the bulb or drainage bottle.
- The tube falls out.
- A fever.

Helpful Hints:

- It is recommended that you safety pin the drainage bottle to your clothing during the day and to your night clothes during the night. Allow enough slack to prevent the tube from being pulled out.
- Be very careful not to puncture the tubing or the drainage bottle with the safety pin—use the plastic tab on the drain to put the pin through.
- Attach the container below the level of the tube exit site.
- Be very careful with daily activities so that you do not dislodge the tubing.

JP DRAIN OUTPUT RECORD

Please bring this form with you to each office visit.

	JP # 1	JP # 2	JP # 3	JP # 4
Date:				
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
Date:				
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
Date:				
Morning				
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