JP DRAIN JULY

KEYS POINTS FOR CARE

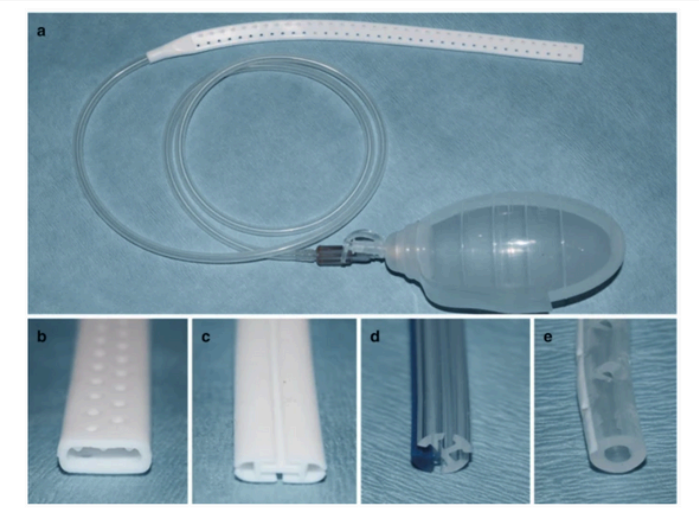
How it works: The drain's internal end has multiple holes placed inside the wound. When the bulb is compressed, it creates low suction, gently pulling fluid from the site. The drain is sutured to the skin to prevent dislodgment.
Important: All holes must be fully inside the tissue. If any are exposed to air, the bulb can't maintain suction.

Purpose: JP drains decrease swelling and reduce the risk of infection by providing a constant, low suction to pull fluid from a surgical incision site.

Nursing Review:

1. Perform hand hygiene and don appropriate PPE.
2. Verify patient identifiers and ensure privacy
3. Drain Management:
4. Place a sterile container on the bed (one per drain).
5. Maintain asepsis; avoid touching the spout to the container.
6. Open drain cap; tilt the bulb to drain fluid.
    - If clots form: Pinch tubing near skin.
    - With other hand, "Milk" the tube to dislodge clot.
    - If unsuccessful, notify the provider.
7. Recharging the Bulb: Compress bulb with one hand.
8. Wipe port with alcohol swab.
9. Cap immediately to maintain suction.
10. Monitor insertion site for signs of infection.

*** Never to be connected to direct suction - this can cause damage to the surrounding organs/vasculature.*



Closed suction drains. (a) Jackson-Pratt® (JP) (Cardinal Health, Waukegan, IL) drain with attached tubing and suction bulb. (b) Flat Jackson-Pratt® (JP) drain. (c) Flat BLAKE® (Ethicon US, LLC., Cincinnati, OH) drain. (d) Round BLAKE® hubless drain. (e) Round perforated drain
(Chevrollier et.al, 2018; Elsevier, 2025)

IN THE NEWS

Ventilatory Support for Cardiac Arrest—One Size May Not Fit All

Yohei Okada, MD, PhD
Robert W. Neumar, MD, PhD

Summary of article below, with link here for full article.

Chest compressions are the cornerstone of CPR and are currently recommended as the primary intervention for untrained bystanders for out-of-hospital cardiac arrest (OHCA). This simplified approach has been in place since 2010, based on studies suggesting no significant difference in outcomes between chest compression–only CPR and CPR with rescue breaths/ventilation.

However, with the rising rates of opioid-associated out-of-hospital cardiac arrests (OHCA)—now making up around 10% of cases—new evidence suggests that this one-size-fits-all approach may not be ideal. A recent Canadian study, found that in opioid-related OHCA, CPR with rescue breaths led to significantly better neurologic outcomes compared to chest compressions alone. In contrast, no such benefit was seen in cardiac arrests of undetermined causes. These findings could have an effect on future guidelines.

Limitations of the study:

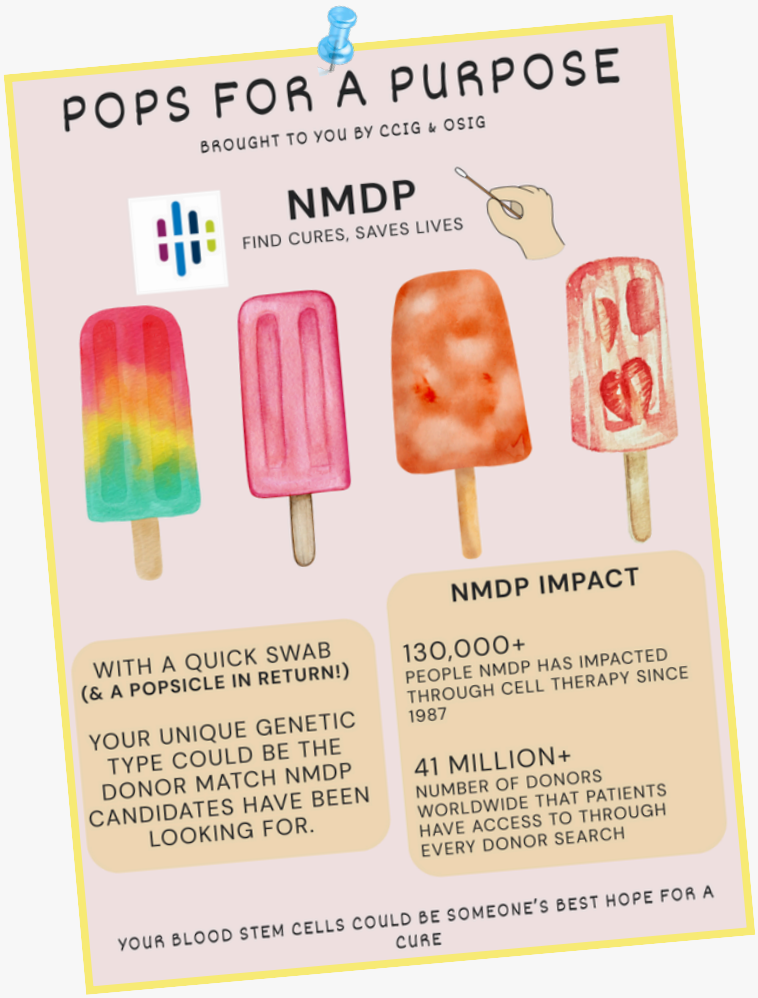
- Potential confounding: Those who provided CPR with rescue breaths may have been more skilled or started CPR sooner.
- The study couldn't determine whether CPR was dispatcher-assisted or bystander-initiated.
- Opioid-associated OHCA was identified using post-event data (e.g., coroners' reports, hospital records), not information available at the scene.
- The number of patients in the rescue breath group was small (n = 81), with only 10 achieving favorable neurologic outcomes, which limits the strength of the conclusions.

(Okada & Neumar, 2025)

FUN FACTS

Surgical drains can be dated back to 400 B.C. It was only passive drainage until 1947, when a surgeon Murphey applied suction to a perforated drain post masectomy.

Catheters are measured with the French scale (Fr.) the gauge number is equal to three times the outer diameter in mm or the catheter's outer circumference.



EVENTS

JULY 7TH FROM 11-2
THANK YOU TO THOSE THAT PARTICIPATED

YOU CAN STILL JOIN THE CAUSE WITH AN AT HOME SWAB KIT!
FOLLOW THIS LINK TO ORDER ONE

The National Bone Marrow Donor Program is a non-profit organization that connects donors to patients with blood cancers and disorders. Donors will swab their cheek (using a free kit provided by NMDP) and are added to NMDP's registry for an opportunity to be matched with a patient seeking bone marrow or stem cell transplant. In the case of a match, donors will be contacted directly by NMDP.

MYTHS AND FACTS

GAMES

Group the 16 words into four sets of four that share a common theme

CRITICAL CARE CONNECTIONS

Green	Brown	NP	Pain
OP	Black	ET	Contractility
Red	Swelling	Afterload	Heat
Heart rate	Preload	LM	White

Follow us on IG: ccig_jhuson for the answers!

DRUG CORNER

EPHEDRINE

Indications: Hypotension in the setting of anesthesia (less potent than epinephrine).

Route: Given IV, slowly

MOA: Adrenergic agonist that causes the release of norepi from sympathetic neurons. Increasing blood pressure, cardiac output, and peripheral resistance.

Adverse effects: Tachycardia, N/V

RN: Tachyphylaxis which is the diminished response to successive doses, rendering it less effective.

Renal excretion, 6 hour half-life

Max dose: 150mg/day

(Micromedex, 2025)

References

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Okada, Y., & Neumar, R. W. (2025). *Ventilatory Support for Cardiac Arrest—One Size May Not Fit All.* JAMA Network Open, 8(6). https://doi.org/10.1001/jamanetworkopen.2025.16348

CRITICAL CARE CONNECTIONS

Preload, Afterload, Contractility, Heart Rate
Factors of Cardiac Ouput

Green, Black, Brown, White
Colors of cardiac leads

Red, Swelling, Heat, Pain
Signs of Inflammation

OP(A), ET(T), NP(A), LM(A)
Advanced Airways