Drains the Head and Neck Patients Commonly Have

**Jackson Pratt (JP):** surgical drainage device shaped like a bulb that uses pressure to remove excess fluid from around an incision site.

The JP drain removes fluids by creating suction in the tubing inserted into the patient's body. Suction is created as the bulb sucks in air from the tube going into the body. This pulls fluid out from the area where the drain was placed and into the rubber tubing.

JPs are placed to prevent fluid build up around a surgical site that can lead to decreased healing and increased risk for infection, pain, and swelling.

Following surgery, as the area heals, the fluid coming out of the JP tubing should decrease. When less then 30 cc of fluid are draining from the JP in a 24 hr period (10 cc per shift), the JP is typically removed.

Normally, drainage from a JP will be serosanguinous.

If the patient does go with a JP drain, refer to [Closed Suction Drain Management](#) as an excellent reference for self-care teaching.

**Nursing care of the JP drain:**

Q2 strip throughout shift. Tip: use vaseline between gloved fingers to making stripping easier on your fingers, and easier on the patient, too.

Cleanse JP site every shift and PRN with NS on a cotton swab or gauze. If needed, place a drain sponge around the site.

Record I/O every 4 hours. If NA records I/O, be sure to keep up with how much

Report any of the following to the docs:

- Increased redness, swelling, or pus from the site at which the JP enters the patient's body.
- Increased drainage from the JP itself, or change in color.
- If the drain comes out, loses suction, or the sutures around it come apart.

**Troubleshooting JP problems:**

- Lose suction? Attach thin tubing from JP bulb to wall suction and reset bulb for the time being. Call doc.
- Increased drainage? Check the output from the last eight hours, and compare to what you are seeing now. If it seems much higher, give the doc a page.
- Pop a stitch? Place tape over the JP tubing onto patient's skin to keep bulb in place. Call doc.

**Penrose:** thin rubber tube extending from incision site in place to facilitate wound drainage.

Like JPs, penroses are used to drain fluid to prevent increased risk of infection, pain, swelling, and decreased healing.

Following surgery, penroses will need to be rolled aggressively every 2 hours. As drainage decreases with signs of little or no swelling around the site, the drain might be pulled.

**Nursing care of the penrose drain:**

Q2 roll with kerlix. Tip: you can use two gloved fingers with vaseline on them to "roll" the penrose as well.

Call doc if area around site becomes increasingly red, drainage becomes green/yellow and/or foul smelling.