

Intercostal Chest Drain Check and Report

Name:.....

DoB:.....

Hospital number:.....
(please affix patient label and confirm identity)

Pre procedure Checklist (Sign in)

Name:_____ Role:_____

Have all team members introduced themselves and role: ☐Y ☐N

Allergies:..... ☐None

Indication for drain: ☐Air ☐Fluid ☐Both

Radiology reviewed: ☐CT ☐CXR

Confirm side of procedure: ☐Left ☐Right

Pre procedure observations:
BP:_____ SpO2:_____ FiO2:_____ HR:_____

Patient's coagulation and medication checked:
☐Yes ☐No Platelets_____ PT _____

Consent: ☐Written ☐Verbal ☐Part IV

Thoracic US for Fluid done: ☐Y ☐N ☐N/A

Thoracic US findings: ☐Echoic ☐anechoic

Effusion depth (cm):_____

Other US findings:_____

☐Realtime US ☐Immediate US marking

Procedure Checklist and Report

Aseptic technique: ☐Gown ☐Gloves

☐At least two applications of chloroprep

Sterile field protected by drapes: ☐Yes ☐No

STOP if no Air or Fluid aspirated with local anaesthetic infiltration

Side: ☐Left ☐Right Site:_____

Lignocaine ☐1% ☐2% _____ (mls)

Insertion technique: ☐blunt dissection ☐scleroder

Fluid appearance:_____ ☐N/A

Amount drained initially: _____ (mls)

Drain Size:_____ (Fr)

Depth of drain at skin:_____ (cm)

Secured: ☐Suture ☐Dressing

Closing mattress (>size 18) placed ☐Y ☐N

Complications:_____

Guidewire removed: ☐Y ☐N ☐N/A

Drain Swinging? ☐Y ☐N

Drain bubbling? ☐Y ☐N

Post-Procedure Checklist (Sign Out)

Order Post procedure CXR and handover for review: ☐Y ☐N

Start Chest Drain Chart ☐Y ☐N/A

Prescribe analgesia ☐Y ☐N/A

Information leaflet on chest drain care given to patient and explained: ☐Y ☐N ☐N/A (patient unconscious)

Ensure specimens correctly labelled: ☐Y ☐N ☐N/A

Post procedure observations:

BP:_____ SpO2:_____ FiO2:_____ HR:_____

Have drain flushes been prescribed (20ml Normal Saline QDS for seldinger drains inserted for fluid)? ☐Y ☐N ☐N/A

Confirm instructions on fluid drainage to nursing staff: ☐Y ☐N

- Ensure post drain insertion chart being used - annexed
- Maximum 1000mls of fluid in 1 hour

Confirm frequency of observations: ☐every 15 mins for 1 hour then hourly for 3 hours then 4 hourly.

Have all items of stock running low (< 3 remaining) been ordered urgently: ☐Y ☐N ☐N/A

Are there any procedural problems that need follow-up: ☐Y ☐N

Primary operator: _____ Grade:_____

Signature: _____ Date:___/___/___

Supervised: ☐Y ☐N Assistant ☐Y ☐N

Name:_____ Grade _____ Signature: _____