

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 sledinger

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: _____