

## CHEST DRAIN /PLEURAL ASPIRATION CHECKLIST

**Planned procedure**

- Diagnostic /therapeutic aspiration
- Intercostal chest drain insertion

Patient details

### SIGN IN - Before preparing trolley

**Patient Confirms**

- Identity, Procedure, Written Consent, Site

**Operator Confirms**

- I have adequate training and clinical supervision to perform procedure
- Intervention must be performed at this time and cannot wait until another time e.g. during working hours for the respiratory team
- The 'safe triangle' is a misnomer and often contains vital organs
- I have considered anatomical features that may influence the planned insertion site (kyphoscoliosis, cardiomegaly, tethered lung)
- I have considered less invasive interventions (including therapeutic pleural aspiration for pleural effusion or a pneumothorax)
- If uncertain as to whether chest drain is required as emergency **out of hours** phone Respiratory Consultant on call before inserting chest drain
- Confirm the diagnosis and review radiology, *check old CXR's is a thoracic CT needed to exclude bullous disease or tethered lung?*
- FOR A PNEUMOTHORAX, DO NOT ASPIRATE OR INSERT A CHEST DRAIN WITHOUT CONFIRMING that the CXR or CT REPORT confirms a pneumothorax (If no report contact radiology Consultant or SpR)**

Procedural factors	Yes	No	Action taken
Allergy			
Consider clotting/anticoagulants Stop date			PT/INR _____ Plts _____
Is an alternative insertion site or patient position needed e.g. 2 <sup>nd</sup> intercostal space mid clavicular line or lateral decubitus position for left drain with cardiomegaly?			

### TIME OUT - Before preparing patient

- All team members have introduced themselves by name and role
- Operator and assistant confirm
  - Patient identity
  - Site (Left or Right)
  - Planned procedure
- Thoracic ultrasound (at the time of procedure)
  - Confirm pleural fluid is present and the planned insertion site is above diaphragm and avoids heart, spleen, liver lungs and major vessels
  - Consider using ultrasound to confirm a safe insertion site in pneumothorax
- Sterile precautions: Sterile gown/gloves/Drapes
- Planned Insertion technique
  - Seldinger
  - Blunt dissection

Observations	Pre	Post	15min	30min
Blood pressure				
Pulse				
Oxygen Sats (FiO2)				
Drain output/ Vol aspirated				

### SIGN OUT - Before leaving patient

- Procedure documented in medical notes
  - Seldinger
  - Blunt dissection
  - Site \_\_\_\_\_
- Strength &Volume Local anaesthetic \_\_\_\_\_
- Drain Serial/Lot number \_\_\_\_\_

**Guidewire removed** Operator \_\_\_\_\_ Observer \_\_\_\_\_

- Verbal confirm removal \_\_\_\_\_
- Visual confirm removal \_\_\_\_\_

**Chest drain secured with**

- Suture (document when removal indicated)
- Number of sutures/Size \_\_\_\_\_
- Clear dressing
- Sharps discarded and equipment/swabs accounted for
- Specimens labelled and sent to laboratory
- If NO specimens sent document \_\_\_\_\_
- No immediate complications
  - Yes, complications \_\_\_\_\_

**Nursing handover**

- 15 minute observations for 1 hour then 4 hourly obs
- For fluid, clamp drain after 1000mls or if pain, cough or breathlessness develops-URGENT MEDICAL REVIEW
- If >150ml/hr of blood in tube URGENT MEDICAL REVIEW
- DO NOT clamp a bubbling chest drain without senior input

Operator: \_\_\_\_\_ Grade \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Assistant: \_\_\_\_\_ Grade \_\_\_\_\_ Signature: \_\_\_\_\_