INVASIVE PROCEDURE SAFETY CHECKLIST: Chest Drain

Signature of responsible clinician completing the form

**Patient Identity Sticker:**

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| **BEFORE THE PROCEDURE** |
| **Indication** |
| e.g. Pneumothorax, Pleural Effusion… |
| Patient identity checked as correct? | Yes | No |
| Does the procedure need to be performed ASAP? | Yes | No |
| Appropriate consent completed? | Yes | No |
| Is suitable drain and equipment available? (including ultrasoundguidance) | Yes | No |
| Confirm site of clinical abnormality | Yes | No |
| Correlates clinical signs with CXR? | Yes | No |
| Medicines and coagulation checked? | Yes | No |
| Any drug allergies Known? | Yes | No |
| Safe site of drain insertion identified? | Yes | No |
| Are there any concerns about this procedure for the patient? | Yes | No |
| **Names and registering body numbers of clinicians responsible for the procedure** |
| 1. |
| 2. |
| 3. |

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| **TIME OUT**Verbal confirmation between team members before start of procedure |
| Is patient on adequate ventilator settings and 100% FiO2? | Yes | No |
| Is patient adequately sedated and paralysed? | Yes | No |
| Is position optimal? | Yes | No |
| All team members identified and roles assigned? | Yes | No |
| Any concerns about procedure? | Yes | No |
| If you had any concerns about the procedure, how were these mitigated? |

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| **SIGN OUT** |
| Sutures, tubing and dressing secured? | Yes | No |
| **Guidewire Removed (if Seldinger)** | **Yes** | **No** |
| Patient advised about care andnot elevating drain above the chest? | Yes | No |
| Analgesia prescribed? | Yes | No |
| In effusion, confirm no more than 500mlis drained in the first 1 hour or no more than 1500mls in the first 24 hours? | Yes | No |
| Request chest X-ray to confirm position? | Yes | No |
| Verbal handover to Nurse responsible for patient? | Yes | No |

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| **Procedure date:** |  |
| **Time:** |  |
| **Operator:** |  |
| **Observer:** |  |
| **Assistant:** |  |
| **Level of****supervision:** | SpR | Consultant |
| **Equipment &****trolley prepared:** |  |



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| **During Procedure** |
| Sterile Scrub/Gown and Gloves? | Yes |  |
| Chloraprep 2% to skin? | Yes |  |
| Local anaesthetic (if required)? | Yes |  |
| Large fenestrated drape Used? | Yes |  |
| **STOP** if unable to aspirate Air/fluid while infiltrating LA with green needle | Yes |  |
| **Side L R Site LA used Appearance of fluid** **Chest drain type Size F****Method of insertion: Surgical / Seldinger****Samples sent for Microbiology ⃝ Histology ⃝ MC&S ⃝** |
| Additional Comments/Adverse events Noted: |

Guide to anatomical landmarks for ‘Safe Triangle’ for chest drain insertion

