

Appendix 2 : Prescription

(Attach patient sticker)

Name:
Trust ID
DOB

**Prescription for flushing of
Seldinger chest drains**

This should be attached to the patient drug prescription chart

Date.....

Time.....

Name of prescribing doctor.....

Signature..... Contact Number:

Type of chest drain.....

Date inserted

Confirm three way tap or flushing port attached Yes / No

Flush to be used : 20 mls 0.9 % Sodium Chloride

Prescription to be reviewed on daily ward round

Date													
06													
08													
12													
14													
18													
22													
24													

COMMENTS

- Only nurses who have completed the flushing of chest drain competency may undertake flushing of chest drains.
- Chart to be initialled on completion of flush
- Ensure drains are checked every two hours.