 **Pleural Clinic and Procedure Proforma**

**Date:**

**Affix sticker**

**Surname:**

**Forename:**

**DOB:**

**Hospital ID:**

**Clerking Doctor: Bleep:**

**Source of referral:** GP: Outpatient Clinic: Other:

**Referring Consultant/Speciality:**

**Senior doctor performing procedure:**

Consultant SpR

**Reason for referral**

**History**

**Past medical history:**

**Allergies:**

**Medications:**

**Warfarin: Aspirin: Clopidogrel:**

**Rivaroxaban: Other:**

**Vitals (Observations pre procedure):**

**Temp: Pulse: BP: RR: Spo2%:**

**Consultant/Senior review**

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**Pleural Clinic Proforma**

**Safety Checklist**

**Patient identity checked:**

**Patient has received and read the information leaflet:**

**Allergies checked:**

**Written consent:**

**Bloods:**

Hb: , Plt: \_\_>50, INR: \_\_<1.5

**Ultrasound performed by:**

**Supervised by:**

**Finding:**

**Is a pleural procedure required?**

**Yes No**

**Reason:**

Yes No Yes No

**Procedure carried out at (date/time):**

**Aseptic technique:** Yes No with ­\_\_\_ml of \_\_% lidocaine used

**Diagnostic tap Therapeutic aspiration Chest drain Long term drain Pleural biopsy**

**Code:** T123 T123 T122 T122 T141

**[All procedures performed under ultrasound guidance]** Y532 ****

**Samples sent – pH □ MCS □ LDH  Protein □ Glucose □ Cytology □ Other………………….**

**Further details:**

**Immediate complications :** Yes No If yes, please provide details:

**Images saved on the ultrasound machine:** Yes No

**Post procedure plan (Operator to delete as appropriate):**

1. **Clamp drain after 1 Litre pleural fluid drained for 1 hour. If patient starts coughing excessively or worsening breathlessness, clamp drain and inform doctor for review.**
2. **Unclamp drain after 1 hour to drain remaining pleural fluid (to a maximum 2L total volume in 24 hours).**
3. **Analgesics as required.**
4. **Chase pleural fluid investigation results.**
5. **If LDH, protein pleural sample sent please send serum LDH,**

 **protein. □**

Signed:

Bleep:

**Post procedure CXR (usually not required) :** Yes No If yes, outcome:

**Follow-up:** Admit

 Discharge to referrer with no further action

 Review in next pleural clinic in ……………… weeks or Date:………………….

 Review in Dr Messenger’s outpatient clinic - number of weeks:

 If new cancer suspected please inform lungmdmcoordinator@nhs.net

Please ensure follow-up plan is written on TTO including the exact procedure (under US guidance) in Medway discharge letter.

**Updated Aug 2019, Gurung, Pleural QIP**

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**Please print on YELLOW paper and insert into the notes under ‘Clinical History’**

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