# Pleural clinic proforma

Affix Label

Hospital ID:

First name:

Surname:

Dob:

Date:

Source of referral:

GP: 🞏 Clinic 🞏 A&E 🞏 Acute med 🞏 Other🞏 .……………..

Referring consultant / Speciality: ………………………………………...

|  |  |
| --- | --- |
| **Referral reason:****History and examination:** | **Past medical History** |
| **Allergies:****Medications:** |
| **Anticoagulants:** |
| Warfarin | 🞏 | Held 5 days? | 🞏 |
| Clopidogrel | 🞏 | Held 7 days? | 🞏 |
| DOAC | 🞏 | Held 48 hours? | 🞏 |
| LMWH | 🞏 | Held 24 hours? | 🞏 |
| **Consultant / Senior Review and plan:** |

|  |  |
| --- | --- |
| Consultant supervising pleural clinic:Dr Messenger 🞏 Dr Buxton-Thomas 🞏 Dr Kahr 🞏 Dr Hippolyte 🞏 Dr Ranu 🞏 SPR / Other 🞏 ………………………………………………………….. | Clerking doctor:Signature:Bleep: |

# Pleural procedure proforma

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Time:

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| **Thoracic Ultrasound** |
| Left | Spleen identified: Kidney Identified:  | 🞏🞏 |
| Right | Liver Identified:Kidney Identified: | 🞏🞏 |
| Performed by: |  | Supervised by: |  |

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| Safety Check in |
| Hb: |  | Plts ( >100) |  | INR (<1.4) |  |
| Has the patient identity been checked? | 🞏 |
| Has the patient been provided a patient leaflet where possible? | 🞏 |
| Have you gained written consent? | 🞏 |
| Is suitable drain and equipment available including ultrasound guidance /marking? | 🞏 |
| Has appropriate imaging been reviewed? | 🞏 |
| Has the site and side been confirmed? | 🞏 |
| Have allergies been checked with the patient verbally at the bedside? | 🞏 |
| Have you checked if the patient is on anticoagulants including clopidogrel? (Stop if so and check trust guidelines) | 🞏 |

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| **Procedure** |
| Date:Time: | Performed by:Supervised by: |
| Diagnostic Tap🞏 T123 | Therapeutic aspiration🞏 T123 | Seldinger Drain🞏 T122 | Long term (IPC)🞏 T122 |
| **Performed under ultrasound guidance 🞏** |
| Sterile Gloves and field used?Sterile gown and scrubbed?2 x chlorapreps applied to the skinLarge fenestrated drape used?Local anaesthetic infiltrated ………ml of ……….% lidocaineAspirated air or fluid with green needle? (stop if unable to do so) | 🞏🞏🞏🞏🞏🞏 |
| Procedure and immediate complications:Appearance of fluid: |
| Samples sent for:pH 🞏 MC&S 🞏 AAFB 🞏 Cytology 🞏 Protein 🞏 Glucose 🞏 LDH 🞏 Other 🞏 ……………………. |

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| Safety Check out |
| Are all sutures and dressings secured? | 🞏 |
| Have all needles, guidewires and catheters used been accounted for AND inspected to ensure they are intact? | 🞏 |
| Has the patient been informed not to elevate the drain above the chest? | 🞏 |
| Is analgesia prescribed? | 🞏 |
| Have clear instructions been documented and handed over to the nurse? | 🞏 |

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| Post Procedure instructions (Tick or delete as appropriate) |
| 1. Chest drain Nursing observation chart
 | 🞏 |
| 1. Direct observation for 15 minutes with basic observations every 15 minutes for the first hour and Every hour for the next 3 hours and every 4 hours until removal
 | 🞏 |
| 1. If a Pleural effusion
	1. Drain a maximum of 1L then clamp for 1 hour
	2. Then drain a maximum of 2L in the first 24 hours
	3. If drain is bubbling seek urgent medical review and do not clamp
 | 🞏 |
| 1. If a pneumothorax
	1. Keep the drain unclamped at all times
 | 🞏 |
| 1. Other instructions
 | 🞏 |

|  |
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| Transfer Instructions: |
| 1. The patient must be transferred with an escort
 |
| 1. Pre and post transfer observations should be completed
 |
| Pleural effusions 🞏The drain should be clamped for transfer unless it is bubbling – in which case urgent medical review should be sought | **Pneumothorax** 🞏The drain should always be unclamped. Even for transfer. |

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| Follow up |
| 1. Admitted to hospital
 | 🞏 |
| 1. Discharged to the referring team to follow up
 | 🞏 |
| 1. Referral to lung cancer MDT (please complete bamboo form)
 | 🞏 |
| 1. Follow up to be booked in Dr Messenger’s Wednesday pm clinic in …………weeks (for pleural clinic patients only – please book via careflow discharge summary)
 | 🞏 |

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| --- | --- |
|  | Name:Signature:Bleep: |