# 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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Date:

Time:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 skin  Large fenestrated drape used?  Local anaesthetic infiltrated ………ml of ……….% lidocaine  Aspirated 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? | 🞏 |

|  |  |
| --- | --- |
| 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 | 🞏 |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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) | 🞏 |

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