# Pleural procedure proforma

Affix Label

Hospital ID:

First name:

Surname:

Dob:

Date:

Time:

|  |
| --- |
| **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: |