

Intercostal Chest Drain (ICD)

Indications

- Medium to large pneumothoraces/haemothoraces in the self-ventilating
- Following chest decompression

Pre-procedure

Are there enough of you and allocate roles:
1 doctor for drain insertion
1 doctor for analgesia +/- sedation
Nurse for assistance

Is pre-medication/sedation and further analgesia required?

Is ED the best place for this to be done?

If out of hours, does it really need to be done now?

Has appropriate informed consent been obtained or best interests decision been documented?

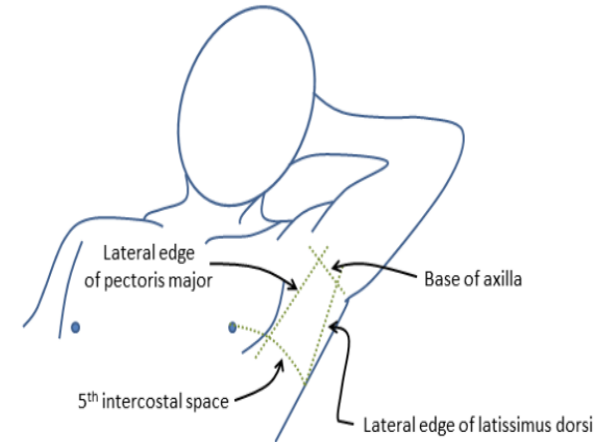
Is all the equipment available as listed on the chest drain kit, +/- US machine?

Have coagulation and platelets been checked?

⚠ Checklist

- Confirm patient identity
- Confirm site of clinical and radiological abnormality
- Confirm chest drain insertion site
- Has the patient had adequate analgesia and sedation?
- Is position optimal?
- Have the landmarks been identified and marked?
- Has the proposed incision site been marked?
- Is the patient on high flow oxygen +/- adequate ventilator settings?
- Are there particular concerns for the procedure?
- What are your emergency plans for sedation and procedural complications?
- Do you need further help?

Commence procedure only when everyone is happy



Post-procedure

Is the tube secured with sutures, dressing and tegaderm?

Advise the patient about care and to not elevate the drain above the chest

Is analgesia prescribed? See 'Trauma: Analgesia' Prompt

CXR to confirm adequate position

Handover verbally to nursing staff and admitting team

Fully document the procedure and any complications in the notes and sedation database