

Invasive Procedure Safety Checklist: CHEST DRAIN

BEFORE THE PROCEDURE	
Indication	
Pneumothorax	
Pleural effusion	
Other	
Patient identity checked as correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the procedure need to be performed ASAP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appropriate consent completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is suitable drain and equipment available? (including ultrasound guidance)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm site of clinical abnormality	Yes <input type="checkbox"/> No <input type="checkbox"/>
Correlates clinical signs with CXR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicines and coagulation checked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Known Drug Allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe site of drain insertion identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any concerns about this procedure for the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Names/Registering body numbers of clinicians responsible for chest drain insertion	
1)	
2)	
3)	

TIME OUT	
Verbal confirmation between team members before start of procedure	
Is patient on adequate ventilator settings and 100% FiO2?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is patient adequately sedated and paralysed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is position optimal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
All team members identified and roles assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any concerns about procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you had any concerns about the procedure, how were these mitigated?	

Procedure date: Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR Consultant

Equipment & trolley prepared:

SIGN OUT	
Sutures, tubing and dressing secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient advised about care and not elevating drain above the chest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Analgesia prescribed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In effusion, confirm no more than 500ml is drained in the first 1 hour or no more than 1500mls in the first 24 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Request chest X-ray to confirm position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Verbal handover to Nurse responsible for patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of responsible clinician completing the form

Patient Identity Sticker:

During Procedure		
Sterile Scrub/Gown and Gloves?	Yes	<input type="checkbox"/>
Chloraprep 2% to skin?	Yes	<input type="checkbox"/>
Local anaesthetic (if required)?	Yes	<input type="checkbox"/>
Large fenestrated drape Used?	Yes	<input type="checkbox"/>
STOP if unable to aspirate Air/fluid while infiltrating LA with green needle	Yes	<input type="checkbox"/>
Side L R Site _____ LA used _____ Appearance of fluid _____ Chest drain type _____ Size ___ F Method of insertion: Surgical / Seldinger Samples sent for Microbiology <input type="radio"/> Histology <input type="radio"/> MC&S <input type="radio"/>		
Additional Comments/Adverse events Noted:		

Guide to anatomical landmarks for 'Safe Triangle' for chest drain insertion

