Emergency Department CHEST DRAIN CHECKLIST

<Age>

<Name>



<NHS Number>

<DoB> <Hosp number>



<ED episode number>

Yes

Yes

Yes

No

No

□Right

□Left

No

BEFORE THE PROCEDURE Indication: □ Pneumothorax □ Haemothorax □ Other Yes No Any drug Allergies ? Patient Identity checked as correct? Correlates Clinical Signs with CXR ? Appropriate Consent completed? Confirm SITE / SIDE of clinical abnormality Is suitable Drain and Equipment available? by two clinicians - sign below Ensure removal of any trocars Safe Site of drain insertion identified? Risk of Coagulopathy & Medicines checked? Underwater Drain / Seal prepared Are there any concerns about this procedure for the patient or its timing ? STOP BEFORE YOU BLOCK Clinician 1 □Right Clinician 2 Have you got the Correct Side ? □Left TIME OUT Yes No Patient is adequately Oxygenated ? Patient adequately analgesed / sedated Patient position is optimal Anaesthetist aware if patient ventilated Team members identified & roles assigned Record any concerns in the 'Notes' section **DURING PROCEDURE** - STOP if unable to aspirate air/ fluid with green needle □ Hands washed and Sterile Gloves □ Sterile Gown and Mask and Hat □ Large Fenestrated Drape □ Chlorprep 2% to skin and allowed to dry Local Anaesthetic: □ Lidocaine 1% □ Lidocaine 2% □ Other Volume Technique: □ Seldinger □ Surgical Drain Size: __36F __32F __28F __24F __20F __18F __16F __12F __10F 🗆 Ethilon Other Suture Size: 1/0 2/0 3/0 4/0 Suture: Mersilk Adverse Events 🗆 No □ Yes (record below or in notes) NOTES SIGN OUT Yes No Sutures, tubing and dressing secured Guidewire removed if Seldinger technique

Success, casing and aressing secured	Guidewire removed it Seldinger teelinique	1
Patient advised not to elevate drain	Analgesia prescribed	
Chest X-ray ordered	Verbal handover to Nurse	
Chest drain swinging (+/- bubbling)		

Chest X-Ray Review	PROCEDURE	STAFF (print & sign)
Clinician	Date	Operator
	Time (24hr)	Assistant