

INVASIVE PROCEDURE SAFETY CHECKLIST: Intercostal Chest Drain (ICD) Insertion

BEFORE THE PROCEDURE			TIME OUT			SIGN OUT		
Team members introduce themselves and allocate roles	Yes		Verbal confirmation between team members before start of procedure			Drain adequately secured?	Yes	
Patient identity checked?	Yes		Ensure all team members happy with consent and proposed planned procedure	Yes		Chest X-ray requested?	Yes	
Appropriate consent completed?	Yes		All equipment available?	Yes		Drain connected to appropriate underwater seal?	Yes	N/A
Procedure and site of ICD confirmed by patient and consent form where applicable?	Yes		Is the patient's position optimal?	Yes		Drain placed below level of the patient?	Yes	
Site marked and checked against imaging and consent? (where available)	Yes		Operator to confirm during procedure that guidewire removed?	Yes	N/A	Drain clamp available?	Yes	
Operator to discuss plan with assistant +/- patient if appropriate e.g. sedation / analgesia, ventilator settings, FiO2	Yes					Suction required (high volume, low pressure 1-2kPa)?	Yes	No
Known drug allergies?	Yes	No				Specimens labelled correctly?	Yes	N/A
Is there a coagulopathy (drugs / lab tests?)	Yes	No				Post procedure plan handover to nursing staff complete / plan to document in notes?	Yes	
Any contraindications?	Yes	No				Sharps disposed of safely?	Yes	
						Equipment issues identified and reported?	Yes	N/A

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

Signature of responsible clinician completing the form