

## INVASIVE PROCEDURE SAFETY CHECKLIST: Chest Drain

BEFORE THE PROCEDURE		
<b>Indication</b>		
e.g. Pneumothorax, Pleural Effusion...		
Patient identity checked as correct?	Yes	No
Does the procedure need to be performed ASAP?	Yes	No
Appropriate consent completed?	Yes	No
Is suitable drain and equipment available? (including ultrasound guidance)	Yes	No
Confirm site of clinical abnormality	Yes	No
Correlates clinical signs with CXR?	Yes	No
Medicines and coagulation checked?	Yes	No
Any drug allergies Known?	Yes	No
Safe site of drain insertion identified?	Yes	No
Are there any concerns about this procedure for the patient?	Yes	No
<b>Names and registering body numbers of clinicians responsible for the procedure</b>		
1.		
2.		
3.		

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

<b>Procedure date:</b>		
<b>Time:</b>		
<b>Operator:</b>		
<b>Observer:</b>		
<b>Assistant:</b>		
<b>Level of supervision:</b>	SpR	Consultant
<b>Equipment &amp; trolley prepared:</b>		

SIGN OUT		
Sutures, tubing and dressing secured?	Yes	No
<b>Guidewire Removed (if Seldinger)</b>	<b>Yes</b>	<b>No</b>
Patient advised about care and not elevating drain above the chest?	Yes	No
Analgesia prescribed?	Yes	No
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	No
Request chest X-ray to confirm position?	Yes	No
Verbal handover to Nurse responsible for patient?	Yes	No

Signature of responsible clinician completing the form	
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<b>Patient Identity Sticker:</b>

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"/>
<b>STOP</b> 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

