

**Pleural Procedures Documentation**

All pleural procedures must be adequately documented in the patient’s notes. Post procedure care must also be documented and easily accessible to staff managing these patients.

Useful tools to assist in appropriate documentation are highlighted below.

**How to Document Pleural Procedures on TRAK**

All pleural procedures should be inputted into patient’s records on TRAK. A pre-populated template is available for this purpose

Go to:

- EPR
- Progress note
- New
- Operation note or progress note
- Type \pleural in free text box then press space bar

Please complete this for all patients undergoing pleural procedures in NHS Lothian.

**Example chest drain insertion documentation (pre-populated template on TRAK)**

<b>CHEST DRAIN INSERTION</b>		Date/Time_____
<b>Patient Name:</b> _____		
<b>Indication:</b> _____		
<b>Px Information given: Y/N</b>		
<b>Consent:</b> Written/Adults with Incapacity		
<b>Pre-drain imaging:</b> CXR/Ultrasound/CT chest		
<b>Ultrasound findings:</b>		
<b>Suspected coagulopathy: Y/N</b>		
<b>Warfarin/other antithrombotic: Y/N</b> (INR_____)		
<b>Pre-medication given: Y/N</b> (Drug/Dose:_____)		
<b>Local anaesthetic:</b> _____ % _____ ml		
(Maximum dose 20mls 1% lignocaine or 3mg/kg (Ideal body weight – care in obesity))		
<b>Aseptic technique achieved: Y/N</b>		
Site: Right/Left _____		
Fluid/Air obtained with green needle: Y/N		
Number of attempts: _____		
Technique: seldinger / blunt dissection		
Size (F):_____ Suture: Y/N		
Swinging Y/N Bubbling Y/N Draining Y/N		
Drain depth:		
<b>Complications:</b> Pain SOB Bleeding		
<b>Patient and nurse given drain instructions?</b>		
<b>Post-procedure care documented?</b>		
<b>Signature and grade</b> _____		
<b>Supervisor (grade)</b> _____		

Example post procedure care documentation

**POST PROCEDURE CARE**

Post procedure CXR: Y/N req seen

Prescribe: Adequate regular and prn analgesia and a laxative

Drain Chart Started: Y/N

Initial Fluid Appearance \_\_\_\_\_

Initial Drainage volume \_\_\_\_\_

Drain Clamped at: \_\_\_\_\_

3-way tap: Yes Currently: OPEN/CLOSED

No - Clamp at bed side: Y/N (If for fluid)

SEWS (<30mins) post insertion 0 1 2 3 4

**Drainage Instructions** (delete as appropriate):

1) **Start Drainage** again at \_\_\_\_\_ clamp after \_\_\_\_\_ mls restart after \_\_\_\_\_ mins. (If unsure see guide).

2) **DO NOT CLAMP DRAIN IF IT WAS INSERTED FOR PNEUMOTHORAX OR IF IT IS BUBBLING**

3) **Clamp drain (if inserted for fluid) IF:** Persistent cough, chest pain, lightheadedness/ faint (presyncope) - **INFORM DOCTOR**

**Medical Point of Contact:**

Name/ Pager: \_\_\_\_\_ OOH \_\_\_\_\_