NHS Lothian

Pleural Procedures Documentation	Addressograph, or Name DOB Unit No./CHI

CHEST DRAIN INSERTION

Indication:		Date: ___/___/___ Time: :
Prescription information given? YES ☐ NO ☐	Informed consent: ☐ Written ☐ AWI	
Pre-drain imaging: ☐ CXR ☐ ultrasound ☐ CT chest		
Ultrasound findings:		
Suspected coagulopathy:		
Warfarin YES ☐ NO ☐ Other antithrombotic YES ☐ NO ☐ INR: _____		
Pre-medication given? YES ☐ NO ☐ Drug/Dose: _____		
Local anaesthetic: % _____ ml _____ *Max dose 20ml 1% lignocaine OR 3mg/kg (ideal body weight - care in obesity)*		
Aseptic technique achieved? YES ☐ NO ☐		
Site: ☐ Right ☐ Left		
Fluid/air obtained with green needle? YES ☐ NO ☐	Number of attempts:	
Technique: ☐ seldinger ☐ blunt dissection	Size (F) :	Suture: YES ☐ NO ☐
Swinging: YES ☐ NO ☐	Bubbling: YES ☐ NO ☐	Draining: YES ☐ NO ☐ Drain depth:
Complications: ☐ Pain ☐ SOB ☐ Bleeding		
Patient and nurse given drain instructions? YES ☐ NO ☐		
Post procedure care documented? YES ☐ NO ☐		

Clinician's signature: Print name and grade:	Date: ___/___/___
Supervisor's signature: Print name and grade:	Date: ___/___/___

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POST PROCEDURE CARE
Post procedure CXR available? YES ☐ NO ☐ Requested? YES ☐ NO ☐ Seen? YES ☐ NO ☐
Prescribed adequate, regular and as required analgesia and a laxative: YES ☐ NO ☐
Chest Drain chart started? YES ☐ NO ☐ Initial fluid appearance: _____ Initial drainage volume: _____ Drain clamped at: _____
3 way tap: ☐ YES currently ☐ OPEN ☐ CLOSED ☐ NO clamp at bedside YES ☐ NO ☐ (if for fluid)
NEWS2 score: (less than 30 mins) post insertion: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Drainage instructions – delete as appropriate		
☐ 1 Start drainage again at:	Clamp after _____ml	Restart after:
☐ 2 DO NOT CLAMP DRAIN IF IT WAS INSERTED FOR PNEUMOTHORAX OR IF IT IS BUBBLING		
☐ 3 Clamp drain (if it was inserted for fluid) IF the patient has: Persistent Cough Chest pain Lightheadedness/feint (syncope) **INFORM THE DOCTOR**		

Medical point of contact		
Name:	Pager:	OOH:

Clinician's signature: Print name and grade:	Date: ___/___/___