INVASIVE PROCEDURE SAFETY CHECKLIST (Critical Care): Chest Drain

The Pennine Acute Hospitals NHS
NHS Trust

BEFORE THE PROCEDURE

Indication		
Pneumothorax Pleural effusion Haemothorax Empyema	☐ ☐ ☐ ☐	
Patient identity checked as correct?	Yes	No
Does the procedure need to be performed ASAP? (refer trust guidelines)	Yes	No
Appropriate consent completed?	Yes	No
Is suitable drain and equipment available? (including ultrasound guidance)	Yes	No
USS findings recorded (for effusions/empyema/haemothorax)	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

Names and registering body numbers of clinicians responsible for the procedure
1.
2.
3.

TIME OUT

Verbal confirmation between team members before start of procedure

Question		
Is patient on adequate ventilator settings and 100% FiO2 (if invasively ventilated)?	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
Side confirmed?	Yes	No

If you had any concerns about the procedure, how were these mitigated?

Procedure date:	
Time:	
Location:	
Operator:	
Observer:	
Assistant:	
Equipment & trolley prepared:	

SIGN OUT

Question		
Sutures, tubing and dressing secured and drain swinging?	Yes	No
Patient advised about care and not elevating drain above the chest (if awake)?	Yes	No
Analgesia required?	Yes	No
In effusion, confirm no more than 1000ml is drained in the first 1 hour? After each 1000ml drained, clamp for 1 hour.	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	

Patient Name:

Hospital number:

Date of Birth:

During Procedure		
Sterile Scrub/Gown and Gloves?	Yes	☐
Chlorhexidine gluconate 2% / 70% isopropyl alcohol formulation to skin?	Yes	☐
Large fenestrated drape used	Yes	☐
USS used	Yes	☐
Large fenestrated drape used?	Yes	☐
STOP if unable to aspirate Air/fluid while infiltrating LA with green needle	Yes	

Side L R Site_____________ LA used__________________

Patient position: _____________________

Appearance of fluid________________________

Chest drain type__________________ Size______ F

Method of insertion: Surgical / Seldinger

Drain secured with: Suture ☐ Drain dressing ☐

Samples sent for Microbiology ☐ Histology ☐ Biochemistry ☐

Additional Comments/Adverse events Noted:

CXR comments:

Patient Name:

Hospital number:

Date of Birth: