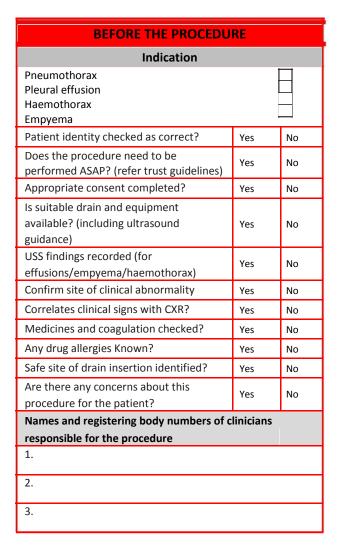
## **INVASIVE PROCEDURE SAFETY CHECKLIST (Critical Care): Chest Drain**



TIME OUT					
Verbal confirmation between team members before start of					
procedure					
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		
Sutures, tubing and dressing secured and		
drain swinging?	Yes	No
Patient advised about care and		
not elevating drain above the chest (if	Yes	No
awake)?		
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	Yes	No
hour.		
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 alcoh	ol 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 infiltra	ting LA with green needle	Yes				
STOP if unable to aspirate Air/fluid while infiltrating LA with green needle  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:					