

CHEST DRAIN INSERTION STICKER

(Addressograph)

Name:
Date of Birth:
Hospital No.

Date: Time:..... Signature:.....
Print Name and Grade:

Indication for drain:

If out of hours, does the drain need to be inserted now ? No

Yes – Discuss with Senior & record why.....

Are you competent to insert a chest drain ? Yes

with supervision..... (Name/Grade of Supervisor- print)

unsupervised Date on Trust Chest Drain Insertion Register
If not fully competent do not insert a drain without direct senior supervision

nurse present to assist insertion

Pre-procedure imaging ? None – possible tension pneumothorax
 CXR CT USS - consider for pleural effusion

Written consent obtained ? Yes No, obtain verbal consent Yes No

Patient observations recorded pre & post-procedure ? Yes No

Patient information leaflet provided (ICID) ? Yes No

Pre-medication given ? Yes No
(give details)

Full aseptic technique? Yes No (if no, give details).....

Local anaesthetic? Yes(give details) No(why ?).....

Air or fluid aspirated pre-insertion? Yes No, if **NO do not** insert drain, seek advice

Technique: Seldinger Blunt dissection Other

Drain size (FG):

Insertion site:

CXR post insertion ? Yes No

Normal saline flushes ? Yes No

Drain bubbling? Yes No

Drain swinging? Yes No

Drain on suction? Yes No

Complications/failed insertion/other comments ?.....

Instructions to nurses ? eg volume of fluid in first hour.....

DAILY REVIEW: Note if drain is swinging/bubbling ensure drain is not blocked
Check adequate pain control & insertion site clean

INSTRUCTIONS: (Also see ICID)

- A BUBBLING DRAIN SHOULD NEVER BE CLAMPED
- Instructions regarding controlled drainage should be documented
- Output of drain must be recorded on either the chest drain chart or fluid chart
- Seldinger drain must be secured with fixing +/- suture – NO PURSE-STRINGS
- Regular analgesia must be prescribed

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