

 Ospidéal Ollscoile Chorcaí Cork University Hospitals MAJOR TRAUMA CENTRE	ADULT CHEST DRAIN INSERTION RECORD	Name:
		DOB:
		MRN:

Date: / / Time:		Location: Procedure Room <input type="checkbox"/> OR Resus <input type="checkbox"/>	
PRE-PROCEDURE			
Indication: Spontaneous (Seldinger) <input type="checkbox"/> Trauma (wide bore) <input type="checkbox"/>		Up to date CXR <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/>	
Consent Verbal (emergency) <input type="checkbox"/> Written <input type="checkbox"/> Inc. Pain, Bleeding, Scarring, Infection			
Pre-medication / Sedation provided <input type="checkbox"/>		Sedation checklist complete <input type="checkbox"/>	
WHO CHECKLIST (PERFORM ALOUD WITH PATIENT AND ASSISTANTS)			
Ask patient to confirm their identity		Procedure site marked <input type="checkbox"/>	
Proposed procedure confirmed <input type="checkbox"/>		Consent for procedure given <input type="checkbox"/>	
Confirm site of procedure (double-check with imaging)			
PROCEDURE			
Site:		Staff Present:	
Asepsis: Side prepped <input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Drapes <input type="checkbox"/> Sterile gloves <input type="checkbox"/>			
Local anaesthetic + volume:			
Drain size (French):			
Length drain inserted to:		Drain secured: Non-absorbable suture (required) <input type="checkbox"/> Occlusive dressing <input type="checkbox"/>	
Notes on procedure / Complications:			
POST-PROCEDURE			
Drained: Frank blood <input type="checkbox"/> Other <input type="checkbox"/>		Initial volume drained (if calculable):	
Confirm placement: Bubbling <input type="checkbox"/> Oscillating <input type="checkbox"/>		Notes:	
POST-PROCEDURE ONGOING CARE			
Start chest drain observation sheet <input type="checkbox"/>			
Pain score during insertion: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		Additional analgesia given <input type="checkbox"/> All medication given prescribed appropriately <input type="checkbox"/>	
Instructions for: Incentive Spirometry <input type="checkbox"/> Physiotherapy review <input type="checkbox"/> Analgesia as per chest wall injury pathway <input type="checkbox"/> IV antibiotic x 24h (trauma only) <input type="checkbox"/> Consider nerve block (Serratus anterior/paravertebral) <input type="checkbox"/> Co-amoxiclav or Clindamycin <input type="checkbox"/>			
Post-Drain CXR requested:		Results of CXR:	
Inserted by:		Grade SHO <input type="checkbox"/> SpR <input type="checkbox"/> Consultant <input type="checkbox"/>	
Assisted by:		Grade SHO <input type="checkbox"/> SpR <input type="checkbox"/> Consultant <input type="checkbox"/>	
Signed			