

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

## Chest Drain and Aspiration for Pleural Fluid Procedural Record and Safety Standards



**Worcestershire  
Acute Hospitals**  
NHS Trust

WARD \_\_\_\_\_ CONS \_\_\_\_\_

Procedure Date:	Time:	Name of Assistant:
Name of Operator:		Operator Grade:
GMC / NMC Number:		Operator Signature:

**Tick one procedure category to be performed:**

Elective day-case ultrasound guided pleural aspiration	HRG: DZ06Z / BP 51	
Elective day-case ultrasound guided indwelling pleural drain insertion	HRG: DZ06Z / BP 51	
Elective short stay inpatient ultrasound guided Seldinger chest drain insertion	HRG: DZ06Z / BP 51	
Emergency inpatient ultrasound guided Seldinger chest drain insertion	HRG: DZ06Z	
Emergency inpatient ultrasound guided pleural aspiration	HRG: DZ06Z	

**Give indication for planned procedure:**

<b>Circle side of planned procedure:</b>	<b>Right</b>	<b>Left</b>
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**Is emergency overnight procedure indicated?**      **Yes**      **No**

Pleural procedures for fluid should be avoided overnight except in the following life threatening situations:

1. Very large effusion causing respiratory compromise
2. Unstable patient with traumatic haemothorax
3. Suspected pleural infection causing sepsis and physiological instability
4. Patient requiring ITU care

Selecting the right procedure and the right time is important. If this is not a life threatening situation, consider discussing with a member of the respiratory team before commencing the procedure.

Advice sought from:..... Designation:.....

SAFETY BRIEFING CHECKLIST (complete before starting procedure). Tick	Yes	No	If no - justify
Procedure to be carried out in a clean procedure room.			
Give location:			
Real time ultrasound guidance by US trained Clinician is arranged and available:			
Name of Clinician performing US:			
All equipment required has been obtained and checked (Appendix 1)			
Side of effusion confirmed by chest X-Ray, ultrasound and clinical examination			
Informed written consent taken: WAHT e-consent form or consent form 4 signed			
Anticoagulant and Antiplatelet medication history checked and stopped according to local guidelines			
Notes:			
Platelet count and Coagulation Screen checked and in safe range for procedure			
Nurse available to assist and support the patient			
Name of Nurse:			
Physiological observations documented in hour before procedure			



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**PATIENT SIGN IN**

Patient identity confirmed

Safety briefing completed

Ultrasound guidance available

Patient allergies checked

**PROCEDURE RECORD**

**Describe patient positioning:**

**Thoracic Ultrasound Report**

How much of the hemi-thorax is occupied by effusion on Ultrasound (circle) <1/3    1/3-1/2    >1/2

Depth of effusion in safe triangle \_\_\_\_\_CM

Depth of effusion in mid-scapular line \_\_\_\_\_CM

Distance from skin to fluid at planned procedure site \_\_\_\_\_CM

Fluid Appearance (circle):      Anechoic      Echogenic      Septated      Loculated

Other features and observations:

**Anatomical site of procedure and reason for selection** (note the safe triangle in the mid axillary line should always be selected unless there is no fluid there or patient anatomy makes that impossible):

**Please fully document procedure:**

**Pleural fluid appearance:**

**For aspirations, volume of pleural fluid aspirated (mls):**



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<b>SIGN OUT</b>	<b>Yes</b>	<b>No</b>	<b>If No - justify</b>
Recommended volume of pleural fluid samples sent to Biochemistry, Microbiology and Cytology (Appendix 2)			
Chest X-Ray ordered and reviewed (for all chest drains, therapeutic aspirations and for diagnostic aspirations when there has been more than 1 pass of the needle before success, OR when or air was aspirated)			
Post procedure physiological observations recorded			
<b>For Chest Drains Only:</b>			
Secured firmly with 2 sutures			
Drainage Chart commenced			
Planned rate of drainage documented			
Drain flushes considered and prescribed if needed			
Respiratory ward bed or ITU bed arranged			
Analgesia prescribed			
<b>Document any immediate complications:</b>			
<b>On-going management / follow up plan:</b>			
<b>Chest X-Ray Review:</b>			
<b>Name of Operator:</b>	<b>Date of Procedure:</b>		
<b>Grade of Operator:</b>	<b>Time of Procedure:</b>		
<b>Operator GMC / NMC:</b>			



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### Appendix 1

Diagnostic pleural aspiration equipment:	Tick
Chloroprep 3 ml applicators X 2	
Sterile gloves	
Sterile field	
Sterile drape	
10ml luer lock syringe	
50ml luer lock syringe	
1 orange needle	
2 green needles	
10ml 1% lidocaine	
Gauze swabs	
4 specimen pots	
Small wound dressing or plaster	

Therapeutic aspiration equipment:	Tick
Sterile gown	
4 adhesive sterile drapes	
Therapeutic aspiration kit	
Gauze swabs	
Chloroprep 3 ml applicators X 2	
Sterile gloves	
20ml luer lock syringe	
Sterile field	
20ml 1% lidocaine	
1 orange needle	
2 green needles	
4 specimen pots	
Small wound dressing or plaster	

Seldinger chest drain equipment	Tick	Tick
Chloroprep 3 ml applicators X 2		2.0 silk suture material
Sterile gloves		Transpnet dressings (1 large or 3 small)
20ml 1% lidocaine		Chest drain tubing
Complete seldinger chest drain insertion pack		Chest drain bottle
50ml luer lock syringe		Sterile water for irrigation (use 500ml from 1000ml bottle)
Gauze swab X 2 packs		Mefix
4 specimen pots		Sterile scissors

### Appendix 2

1. A minimum of 40ml in plain white topped pot for cytology (hand written form). Mark the request as urgent if a chest drain has been inserted.
2. 5ml in plain white topped pot for biochemistry. Request protein and LDH (ICE request)
3. A minimum of 5ml in plain white topped pot for microbiology. Request MC and S (ICE request). if Pleural infection is the most likely diagnosis, additionally, 10ml should be sent in both blood culture bottles.
4. 1ml immediately drawn into ABG syringe if pH is required (only to distinguish between simple parapneumonic effusion and pleural infection)

