

# Pleural Aspiration Safety Check list and Report

Name:.....

DoB:.....

Hospital number:.....

(please affix patient label and confirm identity)

## Pre procedure Checklist (Sign in)

Name:\_\_\_\_\_ Role:\_\_\_\_\_

Have all team members introduced themselves and role: Y N

Allergies:..... None

Indication: Air Fluid Both

Radiology reviewed: CT CXR

Confirm side of procedure: Left Right

Pre procedure observations:  
BP:\_\_\_\_\_ SpO2:\_\_\_\_\_ FiO2:\_\_\_\_\_ HR:\_\_\_\_\_

Patient's coagulation and medication checked:  
Yes No Platelets\_\_\_\_\_ PT \_\_\_\_\_ INR\_\_\_\_\_

Consent: Written Verbal Part IV

Thoracic US for Fluid done: Y N N/A

Thoracic US findings: Echoic anechoic

Effusion depth (cm):\_\_\_\_\_

Other US findings:\_\_\_\_\_

Realtime US Immediate US marking

## Procedure Checklist and Report

Aseptic technique: Gown Gloves

At least two applications of chloroprep

Sterile field protected by drapes: Yes No

## STOP if no Air or Fluid aspirated with local anaesthetic infiltration

Side: Left Right Site:\_\_\_\_\_

Lignocaine 1% 2% \_\_\_\_\_ (mls) None

Dedicated aspiration kit: Yes No

Fluid appearance:\_\_\_\_\_ N/A

Samples: Biochem Cytology MC&S pH \_\_\_\_\_

Volume aspirated:\_\_\_\_\_ (mls)

Symptoms during aspiration:

None Cough Chest pain

Skin care post procedure:

Dressing/plaster Steri-strip Suture

Complications:\_\_\_\_\_

## Post-Procedure Checklist (Sign Out)

Order Post procedure CXR and handover for review: Y N

Prescribe analgesia Y N/A

Post-pleural aspiration advice given to the patient:

Written Verbal No N/A (patient unconscious)

Ensure specimens correctly labelled: Y N N/A

Post procedure observations:

BP:\_\_\_\_\_ SpO2:\_\_\_\_\_ FiO2:\_\_\_\_\_ HR:\_\_\_\_\_

Confirm post-procedure instructions to nursing staff: Y N

- Seek medical review if symptoms of breathlessness, chest pain or persistent cough

- Other \_\_\_\_\_

Confirm frequency and duration of post-procedure of observations: \_\_\_\_\_

Have all items of stock running low (< 3 remaining) been ordered urgently: Y N N/A

Are there any procedural problems that need follow-up: Y N

Details: \_\_\_\_\_

Primary operator: \_\_\_\_\_ Grade:\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Supervised: Y N Assistant Y N

Name:\_\_\_\_\_ Grade \_\_\_\_\_ Signature: \_\_\_\_\_