

Indwelling Pleural Catheter Insertion Safety Standards, 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

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____

Consent: Written Verbal Part IV

Thoracic US 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)

Sedation: Yes No Midazolam:_____ mg

Opiate: Type:_____ Dose:_____ mg/mcg

Cuff distance from lower incision:_____ cm

Fluid appearance: _____ N/A

Samples: Biochem Cytology MC&S pH _____

Amount drained initially: _____ (mls)

Suture:
 Superior incision: Yes No Number: _____
 Inferior incision: Yes No Number: _____

Complications: _____

Guidewire removed: Yes No N/A

Split sheath dilator removed: Yes No N/A

Tunneller removed: Yes No N/A

Post-Procedure Checklist (Sign Out)

Order Post procedure CXR and handover for review: Y N

Prescribe analgesia Y N/A

Information provided on IPC care given to patient and explained:

Suture removal: Y N

Washing/Bathing: Y N

Signs of infection: Y N

Education and training in IPC use organised: Y N

Contact information for IPC problems: Y N

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

Primary operator: _____ Grade:_____

Signature: _____ Date: __/__/__

Supervised: Y N Assistant Y N

Name: _____ Grade _____ Signature: _____