

# Local Anaesthetic Thoracoscopy 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

Equipment sterility check: Y N



**Procedure Checklist and Report**

Aseptic technique: Gown Gloves

At least two applications of chloroprep

Sterile field protected by drapes

**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

Total fluid drainage: \_\_\_\_\_ (mls)

Biopsies: Y N Total number histology: \_\_\_\_\_

Total number Microbiology: \_\_\_\_\_

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

Talc poudrage: Y N Dose:\_\_\_\_\_ G

Size of chest drain: \_\_\_\_F Drain swinging: Y N

Closing mattress (>size 18) placed Y N

Wound suture: Number \_\_\_\_\_

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

Gauze count: gauze used: \_\_\_\_\_ gauze returned:\_\_\_\_

Equipment issues: \_\_\_\_\_



**Post-Procedure Checklist (Sign Out)**

Order Post procedure CXR and handover for review: Y N

Prescribe: Analgesia Y N VTE prophylaxis Y N

Prophylactic antibiotics: Y N

Commence chest drain chart: 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

- Commence suction Yes No .....cmH2O
- Other:.....

Confirm frequency of observations: every 15 mins for 1 hour then hourly for 2 hours then 4 hourly.

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: \_\_\_\_\_