



Patient Name:

DOB:

Hospital Number:

NHS Number:

(or affix patient sticker)

ADULT CHEST DRAIN INSERTION RECORD

Date of Insertion:

Time of Insertion:

PRE-PROCEDURE

Indication for Insertion:

Seldinger ☐

Surgical ☐

Consent obtained: ☐ (should be written consent wherever possible)

Written ☐ Other ☐ If not written consent why?.....

Recent CXR reviewed:

Date of CXR:

Coagulopathy checked: ☐ Platelets..... PT..... INR.....

On anticoagulation? Yes (specify) ☐ No ☐ If yes, date stopped?.....

On Clopidogrel? Yes ☐ No ☐ If yes, date stopped?.....

DURING PROCEDURE

Bedside US used: ☐ N/A (if for PTX) ☐

Aseptic technique: ☐ Chlorhexidine (or similar) ☐ Sterile Gloves ☐ Gown ☐ Drapes ☐

Local anaesthetic used:..... Volume used:.....mls

Drain size: (Fr)..... Site of Insertion:.....

Length drain inserted to:..... Method of securing (must have at least one suture) :

Sutures ☐ Drain fix ☐ Dressing ☐

Any complications/comments about the procedure?

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POST-PROCEDURE

Volume of fluid drained initially.....mls N/A ☐ (e.g. if PTX)

Appearance of fluid: Serous ☐ Turbid ☐ Purulent ☐ Blood stained ☐ Other (specify) ☐

Post-drain CXR requested: ☐

Post-drain CXR reviewed: ☐ (document in notes)

Samples sent: Biochemistry ☐ Microbiology ☐ Cytology ☐ Other ☐ Nil ☐

Flushes prescribed on EPMA Yes ☐

Inserted by NAME: SIGNATURE: GRADE:

Supervised by: NAME: GRADE:
(if applicable)