THORACOCENTESIS AND INTERCOSTAL DRAIN (ICD) INSERTION CHECKLIST

SIGN IN

To be completed by the individual conducting the procedure prior to scrubbing

- ☐ **Confirm all individuals have introduced themselves.**
- ☐ **Confirm patient identity and procedure.**
- ☐ **Confirm side of procedure marked.**

Clinical setting: ☐ Elective ☐ Emergency*

Written consent: ☐ Yes

Patient lacks capacity, best interest decision documented: ☐

Does the patient have a known allergy?

☐ No ☐ Yes, specify:

Confirm operator appropriately:

☐ Trained **OR** ☐ Supervised by:

Is the patient on any anticoagulant/antiplatelet?

☐ No ☐ Yes, specify:

☐ Number of days stopped:

Confirm recent blood results (date):

Platelets: PT: APTT:

☐ **Need for intravenous access considered.**

Indication for thoracocentesis or ICD insertion:

☐ Pneumothorax ☐ Haemothorax

☐ Effusion (diagnostic) ☐ Effusion (therapeutic)

Bedside ultrasound confirmation of insertion site?

☐ Yes ☐ No, specify:

CXR or CT scan confirmed insertion side:

☐ Left ☐ Right

Checked by second observer?

☐ No ☐ Yes, name:

TIME OUT

To be read out loud by the assistant before invasive part of procedure is commenced

☐ **Confirm the operator is maintaining the sterile environment including the use of sterile gown and gloves for intercostal drain insertion.**

Skin cleaned with Chloraprep or Betadine?

☐ Yes

☐ No, give reason:

☐ **Confirm sterile drapes in place.**

☐ **Re-confirm side marking with consent form, patient and imaging (if possible in procedural area).**

Confirm lidocaine infiltrated:

☐ 1% ☐ 2% Volume:

Confirm technique:

☐ 21G (green) needle and syringe

☐ Rocket Seldinger

☐ Turkel 8FG

☐ Surgical Size:

☐ Other, specify:

Additional instructions for thoracocentesis procedure:

Stop/withhold procedure if the patient is in distress.

Maximum two litres aspirated at one attempt.

To continue to aspirate further by operator judgement only.

SIGN OUT

To be read out loud by the assistant before anyone leaves the procedural area

- ☐ **Confirm guidewire (if used) removed and intact.**
- ☐ **Sharps disposed of by operator.**
- ☐ **Appropriate dressing applied (see over page).**

For intercostal drains, confirm:

Depth of insertion: cm

☐ Drain sutured.

☐ Underwater seal or ambulatory drain connected.

Underwater seal drain activity: ☐ Swinging ☐ Bubbling

For effusions, confirm:

Appearance of fluid:

Volume removed: ml

Specimens obtained? ☐ No ☐ Yes

Analysis: pH: __________

☐ Biochemistry; alb/prot/LDH/gluc

☐ Microbiology; MC&S, AAFB

☐ Cytology

☐ Other:

Complication?

☐ No

☐ Yes, describe:

☐ **Procedure documented in patient's notes.**

☐ **Confirm analgesia prescribed.**

Chest x-ray requested if indicated?

☐ Yes (e.g. therapeutic procedure or complication suspected).

☐ Not indicated.

AFFIX BAR CODED PATIENT LABEL HERE

Signatures (print name)

Operator: Date:

Assistant: Time:

Supervisor: Location:

Specialty Documents

LP148676

THORACOCENTESIS AND INTERCOSTAL DRAIN (ICD) INSERTION CHECKLIST

This **LocSSIP** applies to all thoracocentesis procedures and intercostal drains inserted in the respiratory/general medical/surgical wards, emergency department, critical care, medical day unit and ambulatory care. ***Professional judgement should be utilised as to whether the LocSSIP is applied during a major trauma scenario.**

Must-do procedural steps:

1. To ensure compliance with best practice:
    a. CDDFT's thoracocentesis and intercostal drain insertion pathway and procedural checklist **must** be used.
    b. The *operator* **must** dispose of all sharps before leaving the procedural area.
    c. The point of a trocar **must never** be used to introduce an intercostal drain when an open approach is used.

2. To eliminate the risk of 'wrong site' **(A NEVER EVENT):**
    a. The operator **must** confirm patient identity, procedure and consent and **must** have viewed available imaging (unless time precludes in a true emergency setting).
    b. Unless time precludes, the operator **must** identify a suitable site using an ultrasound probe (for pleural effusion only).
    c. The operator **must** mark the intended procedure side with a mark that remains visible once the sterile drapes are in place.

3. To eliminate the risk of guidewire retention **(A NEVER EVENT)**:
    a. If a guidewire has been inserted into a patient, one end **must** remain visible and be held by the individual performing the procedure.
    b. Confirmation of guidewire removal **must** take place and be recorded.

4. To reduce the risk of site/drain-related infections:
    a. The operator **must** maintain a sterile environment and **must** use sterile gloves and gown when inserting an intercostal drain.
    b. The insertion site **must** be cleaned with 2% chloraprep in 70% alcohol or betadine. Sterile drapes **must** be used.
    c. A 'drainfix' dressing (or alternative for larger ICDs) **must** cover an intercostal drain at the insertion site.
    d. An occlusive dressing **must** cover a thoracocentesis insertion site post procedure.

5. To reduce the risk of arterial puncture and other sources of bleeding:
    a. Unless time precludes, blood results **must** be checked and abnormalities in clotting corrected prior to the procedure.
    b. Unless clinical urgency precludes, an ultrasound guided method **should** be used to visualise the regional anatomy (for pleural effusion only).
    c. **Ideally**, intercostal drains should be inserted in the 'triangle of safety'. Anteriorly: lateral border of pectoralis major. Posteriorly: anterior border of latissimus dorsi. Inferiorly: 5th rib. In pregnant women, an intercostal drain should be inserted 1-2 intercostal spaces higher due to diaphragmatic displacement.

6. To reduce the risk of a pneumothorax re-accumulating or tensioning:
    a. An intercostal drain **must never** be clamped unless instructed by a respiratory medicine consultant/registrar or consultant in intensive care.

Associated guidelines:

- Acute and Emergency Care Group Area LocSSIPs describing all NatSSIP principals which apply to this invasive procedure and checklist.
- https://www.brit-thoracic.org.uk/standards-of-care/guidelines/bts-pleural-disease-guideline/