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**THORACENTESIS PROCEDURE NOTE**

**DATE/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATION:**

Pleural Effusion

**CONSENT:**

The procedure was discussed with the patient, including the indications, risks, benefits, and alternatives. All questions were answered. Written consent that matched the planned procedure and the procedure site was obtained and placed in the chart.

Given patient's intubation and sedation, the patient was unable to provide consent. The procedure was discussed with the patient's decision maker, including the indications, risks, benefits, and alternatives. All questions were answered. Written consent that matched the planned procedure and the procedure site was obtained and placed in the chart.

The procedure was emergent, the patient was unable to provide consent, and a designee was not immediately available.

**PRE-PROCEDURE DIAGNOSIS:** \*\*\*

**PERFORMED BY:** Dr. \*\*\*

**ASSISTANT(S):** None

**OTHERS PRESENT**: \*\*\*

**LOCATION OF PROCEDURE**: Patient’s room

**SIDE**: Choose an item.

**TIME OUT:**

Patient’s ID was verified by confirming the patient’s wrist band for name, date of birth, and medical record number. The procedure was announced and everyone in the room was in agreement with the patient’s identity and the procedure to be performed.

**PRE-PROCEDURE:**

A time out was performed and after the chest x-ray was reviewed, the appropriate side was confirmed and marked. Universal protocol was followed for this procedure. The area was cleaned with chlorhexidine scrub and draped with large sterile barrier. Hand hygiene was performed, and cap, mask, sterile gown, and sterile gloves were worn. The patient was positioned in the usual fashion. He was covered by a large sterile drape. Sterile technique was maintained for the entire procedure.

**PROCEDURE SUMMARY:**

1% lidocaine was used to anesthetize the skin, subcutaneous tissue, superior aspect of the rib periosteum and parietal pleura. A finder needle was then introduced over the superior aspect of the rib to locate the pleural fluid; \_\_colored fluid was aspirated at a depth of approximately \_\_ cm. A 10-blade scalpel was used to nick the skin at the insertion site. The Safe-t-Centesis needle was then introduced through the skin incision into the pleural space using negative aspiration. The thoracentesis catheter was then threaded without difficulty. \_\_ ml of \_\_ colored fluid was removed without difficulty. The catheter was then removed. No immediate complications were noted during the procedure. A post-procedure chest x-ray is pending at the time of this note. The fluid will be sent for studies.

**SEDATION:** None

**ESTIMATED BLOOD LOSS**: Less than 20 ml

**COMPLICATIONS**: None

**POST-PROCEDURE CHEST X-RAY**: No pneumothorax.