

**CHEST TUBE INSERTION PROCEDURE NOTE**

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

**INDICATION:**

[ ] Pneumothorax

[ ] Empyema

[ ] Hemothorax

**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

**CHEST TUBE SIZE:** #8

**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:**

A total of \_\_ ml of 1% lidocaine was used to anesthetize the skin, subcutaneous tissue, superior aspect of the rib periosteum and parietal pleura. A 2 cm incision was then made parallel to the rib in the midaxillary line at the level of the \_\_rib. The subcutaneous tissue superficial and superior to the rib was dissected bluntly to the level of the pleura. The pleura was then entered bluntly. \_\_was noted from the pleural space. The disruption in the parietal pleura was expanded bluntly and a finger was inserted and swept carefully in all directions. A \_\_ chest tube was then inserted using my finger as a guide. The chest tube was directed \_\_ and inserted easily. The chest tube was sutured to the skin at the insertion site, and connected securely to a negative pressure through the canistar. A sterile occlusive dressing was placed over the insertion site. No immediate complications were noted.

**SEDATION:** None

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

**COMPLICATIONS**: None

**POST-PROCEDURE CHEST X-RAY**: Chest tube is in good position, lung was fully expanded.