

Thoracostomy Tube

INDICATION: _____

PROCEDURE OPERATOR: _____

ATTENDING PHYSICIAN: _____ In Attendance (Y/N) _____

CONSENT:

Consent was obtained from _____ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

PROCEDURE SUMMARY:

A time out was performed and after the chest x-ray was reviewed, the appropriate side was confirmed and marked. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, sterile gown and sterile gloves throughout the procedure. The patient was prepped and draped in a sterile manner using chlorhexidine scrub after the patient was positioned in the usual fashion. A total of _____cc 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 _____ French 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 with tape to a pleurovac. A sterile occlusive dressing was placed over the insertion site. No immediate complications were noted. A post-procedure chest x-ray is pending at the time of this note.

COMMENT:

ESTIMATED BLOOD LOSS: _____ml

Physician Signature _____ ID# _____ Date _____ Time _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL

THORACOSTOMY TUBE

Patient Label
or
Two Patient Identifiers