

WHO Surgical Safety Checklist SPH Neonatal Unit – CHEST DRAIN

Date:



SIGN IN - Before skin penetration

| Led by Clinician | | |
|--|-----------------------------|------------------------------|
| Has patient ID been confirmed? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| X-ray reviewed? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Site, side identified and marked (with steri-strip)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Confirm procedure? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Parents informed and aware of procedure? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Sterile equipment gathered and ready? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Pigtail or trocar chest drain ready? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Sedation administered? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Local analgesia available? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Name & Signature of Registered Practitioner: | | |



TIME OUT - Before skin penetration

| Led by Nurse | | |
|---|-----------------------------|------------------------------|
| All team members introduce themselves by name and role? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Monitoring on patient & functioning? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Full aseptic preparation? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Nursing assistance available? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Underwater seal ready? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Critical steps discussed? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Post-procedure care plan? Including repeat chest X-ray. | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Name & Signature of Registered Practitioner: | | |



SIGN OUT – After procedure

| Led by Clinician | | |
|--|-----------------------------|-------------------------------|
| Any equipment issue identified? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Guidewire removed and disposed of? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Any post procedure complications? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| If sedation administered, was cannula flushed? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Post procedure plans agreed? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Post-procedure chest X-ray reviewed and documented? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Underwater drain functioning? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Documentation complete in Patient's record? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Chest Drain Ref: | | |
| Chest Drain LOT: | | |
| What are the key concerns for recovery and further management? | | None <input type="checkbox"/> |
| _____ | | |

Name and signature of Registered Practitioner: