**UC Internal Medicine Thoracentesis Checklist**

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| --- | --- | --- |
| Step | Yes | No |
| **Obtains informed Consent** |  |  |
| Places patient on Cardiac, pulse oximeter and provides O2 if necessary. |  |  |
| Positions Patient appropriately (ideally patient sitting on the edge of the bed, with the arms resting on a pillow on bedside table) |  |  |
| Inspects thoracic wall (for scars, zoster, cellulitis) |  |  |
| Percusses the thorax (Notes tympany vs dullness) |  |  |
| **Confirms appropriateness of site using ultrasound with phased array probe, verbalizing distance to parietal pleura and collapsed lung and other structures (if present), including check for intercostal vessels with high-frequency probe in 2 planes with color doppler** |  |  |
| Identifies safe needle entry site, including noting scapula border usually reaches 7th rib and diaphragm usually at 9th rib |  |  |
| Marks site with needle cap or sterile marker |  |  |
| Calls “time out” |  |  |
| **Washes hands with soap and water or hand sanitizer** |  |  |
| Operator gets in hat and mask and sterile gloves |  |  |
| **Area is cleaned with chlorhexidine (30 second scrub recommended)** |  |  |
| Area is draped in usual sterile fashion |  |  |
| Prepares lidocaine using Filter Needle |  |  |
| Palpate needle site entry to firmly establish location of rib |  |  |
| Lidocaine used to anesthetize entry site with wheal |  |  |
| Subject anesthetizes deeper structures by directing the needle into the superior border of the rib |  |  |
| “Walks” the needle over the rib with non-dominant hand while stabilizing and alternating pulling back/injecting anesthetic on the plunger with dominant hand. |  |  |
| Once pleural fluid is observed in syringe provider immediately stops advancing needle and injects remaining lidocaine. |  |  |
| Attach Centesis catheter/stopcock to Luer lock syringe, breaking the factory seal if pre-assembled. |  |  |
| Small skin nick using scalpel to the width of the centesis catheter |  |  |
| Advances the Centesis complex through nick and “Walks” the needle over the rib with non-dominant hand while stabilizing and pulling back on plunger with dominant hand. |  |  |
| Once pleural fluid is observed in catheter provider immediately stops advancing needle complex. |  |  |
| **Advances only Centesis Catheter (not needle) into thoracic cavity using non-dominant hand until it is flush with the skin** |  |  |
| Withdraws needle from needle complex. |  |  |
| Places finger over exposed catheter hub, if applicable. |  |  |
| Collect necessary samples via stopcock and large syringe |  |  |
| Connect tubing to syringe pump drainage system |  |  |
| Troubleshoots low flow thoracentesis with catheter manipulation OR no flow issues during procedure |  |  |
| Withdraws catheter during exhalation when development of new symptoms or drainage stops/1.5 L drained. |  |  |
| **Always maintains stopcock in closed position to the patient, except when actively draining fluid.** |  |  |
| Places dressing |  |  |
| **Maintain sterile technique** |  |  |
| **Verbalize need for imaging if air was aspirated, symptoms develop, multiple attempts were made or patient is critically ill.** |  |  |
|  | | |
| **Total score:** |  | |
| **Minimum passing score:** | 26 | |
| **Total possible correct:** | 34 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How well do you trust the resident to perform the above procedure? | | | | |
| Resident cannot perform the procedure even with supervision (Critical Deficiency) | Resident can perform the procedure under DIRECT supervision | Resident can perform the procedure under INDIRECT supervision | Resident can perform this procedure with NO supervision | Resident can act as an instructor/supervisor for this procedure (Aspirational) |
|  |  |  |  |  |

**Bold signifies critical elements of the procedure that is checked a ‘no’, procedure failure will automatically result**

*\*\*\* Use of manometry is outside of scope of internal medicine thoracentesis.*