**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 |

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| 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.*