

TUBE THORACOSTOMY COMPETENCY CHECKLIST

RESIDENT NAME: _____

SERVICE: ___EM ___SURGERY
___PULMONARY

DATE: _____

CHECK ONE: Sim Ctr 1st insertion

Sim Ctr 2nd insertion

	The Resident listed below has demonstrated the following abilities:	Successfully Performed
PREPARATION	Obtained consent	
	Washed hands	
	Performed a "Time Out"	
	Selected appropriate size tube	
	Identified 4-5 th intercostal space at mid or anterior auxiliary line as the site of insertion	
	Prepped area in a sterile fashion	
	Used mask, hair covering, sterile gown and sterile gloves	
	Demonstrated technique for local anesthetic	
	Placed a sterile field at the predetermined site of insertion.	
INSERTION	Made a 2-3 cm horizontal skin incision	
	Bluntly dissected through the subcutaneous tissues, just over the top of the rib.	
	Punctured the parietal pleura with the tip of a clamp or blunt scissor.	
	Put a gloved finger into the incision <i>and swept</i>	
	Grasped the proximal end of the tube with a large hemostat	
	Clamped the distal end of the chest tube	
	Advanced tube posteriorly and superiorly	
	Advanced tube until all holes are in	
	Secured tube at skin site with suture	
	Connected to pleurevac, H2Oseal, 20 cm suction	
	Removed clamp	
	POST INSERTION	Secondary secured with dressing, including Vaseline gauze or Xeroform
Ordered post insertion CXR		
Global Assessment: The resident demonstrates overall competence in performing Tube Thoracostomy placement <div style="display: flex; justify-content: space-around;"> Agree Disagree </div>		
COMMENTS:		
Trainer Name	Trainer Signature	Date:

The Resident listed below has demonstrated the following abilities:		Successfully Performed
REMOVAL	Verified correct side right patient.	
	Washed hands	
	Educated patient regarding procedure	
	Removed CT at peak inspiration	
	Prepared and placed occlusive dressing	
	Ordered CXR	
	Global Assessment: The resident demonstrates overall competence in performing Tube Thoracostomy removal Agree Disagree	
	COMMENTS:	
Trainer Name	Trainer Signature	Date:
POST INSERTION CXR REVIEW		
The resident demonstrates overall competence in reviewing post tube thoracostomy insertion radiographs. Agree Disagree		
Trainer Name	Trainer Signature	Date:
POST INSERTION DOCUMENTATION		
The resident demonstrates overall competence in documenting tube thoracostomy. (Correctly documents tube insertion in the patient's medical record. Note must minimally include: indication, size, side, complications and personnel) Agree Disagree		
Trainer Name	Trainer Signature	Date:

Please return completed form to Doreen Appenzeller, Medical Staff Office;
internal zip = 7148