



\*SPENDO\*

Chest Tube Procedure Note:  
Critical Care Services

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Form Origination Date: 10/02  
Version: 3

Version Date: 2/07

This form may be completed on line. Tab or move  
cursor to text field and type in text.

For HIPAA Compliance reasons, this form  
IS NOT TO BE SAVED with patient information.  
Selecting the PRINT button will clear all information  
from the note.

Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

Patient Safety:  Correct patient  Correct procedure  
 Time Out observed  Fall precautions

Using sterile technique and 1% lidocaine local anesthesia, a \_\_\_\_\_ French Chest Tube  
was placed into the  left  right (check one) hemithorax. The indication(s) for the procedure  
was (were):

- Hemothorax
- Pneumothorax
- Pleural effusion
- Other: \_\_\_\_\_

The tube was placed in the following location: \_\_\_\_\_

Following the procedure, the tube was secured in place and a sterile dressing applied. The tube  
was attached to an Atrium®. A chest X-ray  was  was not (check one) ordered to confirm  
position and to assure resolution of the condition being treated.

There  were  were no (check one) apparent complications of procedure.

Additional comments:

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Signature of Physician performing procedure:

\_\_\_\_\_ MD Pager ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

My signature below certifies that I  was  was not (check one) present and personally supervising the performance of this  
entire procedure. (Lack of signature does not imply lack of proper supervision. This relates only to attending physician presence  
for the entire procedure as defined under the CMS regulations for supervision by teaching physicians.)

I certify that this person  is  is not (check one) qualified to perform this procedure unsupervised.

Attending Physician Signature \_\_\_\_\_ Pager ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM