

Name: (person performing procedure)	_____
Supervising Physician's Name:	_____
Medical Record Number: (patient)	_____
Date:	_____

**Clinical Competence Evaluation Tool
Thoracostomy**

Critical Actions

Yes	No	Action
		Informed consent obtained (if able)
		Pt. positioned 30-45° with arm up(if able)
		Universal barrier protection utilized
		Landmarks located (“Triangle of Safety”)
		Pre-treatment given(O ₂ , antibiotics , analgesia; all three must be given for success)
		Anesthesia given (local, parenteral if able)
		Tube placed successfully
		Tube secured in place
		Tube confirmed in place (radiograph)

Non-Critical Actions

Yes	No	Action
		Procedure explained to patient in professional caring manner
		Complete equipment obtained prior to beginning procedure (thoracostomy kit, tube, gloves, prep materials, anesthetic, dressing)
		Skin draped in sterile fashion
		Anesthesia adequate for procedure
		Tube selection appropriate
		Tube clamped for insertion
		Incision made appropriately
		Blunt dissection used to enter pleural space
		Finger sweep performed
		Tube inserted in appropriate plane
		Tube sutured in place appropriately
		Horizontal mattress placed for future skin closure
		Occlusive dressing applied
		Thoraclex attached securely
		Patient cleaned and repositioned for comfort

Comments:
