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Title: A review of intercostal chest drain (ICD) management in an intensive care unit (ICU)

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Body: Background: In 2008, The National Patient Safety Agency (UK)¹ published a report highlighting problems following ICD insertions. In response, the British Thoracic Society (BTS) issued guidance pertaining to consent, documentation and the procedure². This study reviews current practice of ICD insertion and management in our ICU, to identify areas requiring development in relation to current BTS guidance. Methods: Data was collected over a 1-year period for all ICU inpatients requiring chest drain insertion (n=52). Results: The main indications for insertion were Pleural Effusion (44%), Pneumothorax (44%) and Haemothorax (10%). 71% of ICD's were inserted by Specialty Residents and 12% by Radiologists. Consent was documented in only 50% and the procedure recorded in 81% of cases. Documentation regarding the size of the drain was done in 75% and removal in 62% of patients. Only 57% of drains inserted for pleural effusion were performed under Ultrasound guidance. 92% had a chest radiograph post procedure. Complications that occurred included drain repositioning (11%), lung contusion (4%) and desaturation post procedure (4%). Conclusions: This study highlights the need to improve documentation of consent, and procedure details. Subsequently, we have commenced a training programme for doctors on our unit, to develop competence in ICD insertion in the Clinical Skills laboratory and in using ultrasound where indicated. Emphasis is also being placed on documentation and issues around consent. References: ¹Rapid Response Report: Risks of chest drain insertion: NPSA/2008/RRR03 ²Guidance for the safe insertion of chest drains for pleural effusions in adults, following the NPSA Rapid Response Report. A BTS Statement.