

STANDARDIZED PROCEDURE

DRAIN REMOVAL (Adult, Neonatal, Peds)

I. Definition

This procedure will take place when an indwelling drainage catheter needs to be discontinued. This may be because the drain is no longer needed, or because the drain is no longer functioning. The purpose of this standardized procedure is to allow the AHP to safely remove an indwelling drain.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of the procedure will be determined by the AHP in collaboration with the attending surgeon or his designee. Direct supervision will not be necessary once competency is determined, as provided for in the procedure.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced health Practitioner.

C. Indications: (1) amount of drainage has decreased significantly, (2) bulb suction no longer holding suction, (3) the surgeon or his designee has declared that the drainage catheter should be removed.

D. Precautions: The insertion site should be carefully inspected before the catheter is removed to identify the suture(s) and to look for signs of infection.

The AHP will notify the physician immediately under the following circumstances:

1. patient decompensation or intolerance to the procedure
2. unexpected resistance is met during drain withdrawal

III. Materials

1. suture removal kit
2. dressings (gauze, ABD pad, etc.)
3. tape

IV. Drain Removal Procedure

A. Pre-treatment evaluation: The serial drainage outputs will be reviewed by the AHP or a physician or their designee on the Surgery Service, along with inspection of the insertion site, the drain itself and the clinical picture. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure and the treatment plan.

B. Set up: gather all necessary materials.

C. Prepare the patient

STANDARDIZED PROCEDURE
DRAIN REMOVAL (Adult, Neonatal, Peds)

1. Ensure proper patient identification by obtaining two patient identifiers prior to the procedure.
2. Inform the patient (and family) of the treatment plan which includes drain removal.
3. Position the patient in a comfortable position that gives adequate access to the surgical site.

D. Perform the procedure

1. Remove dressings
2. Identify anchoring sutures
3. Remove sutures
4. Gently and firmly withdraw the catheter in a single motion
5. Apply direct pressure to the site with dressing for at least two minutes or until bleeding/drainage have subsided

E. Post Procedure

1. Dress the site
2. Properly dispose of the drainage catheter and other used materials

F. Follow-up treatment

Instruct the patient on wound care, as needed, and on the signs and symptoms of infection.

V. Documentation

A. Written record: Documentation of procedure in the chart by Advanced Health Practitioner

Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, type and size of drain removed, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:

STANDARDIZED PROCEDURE
DRAIN REMOVAL (Adult, Neonatal, Peds)

- a. Medical indication and contraindications of drain removal
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure at least once and perform the procedure **three** times under direct supervision.
 4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.
 5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY

Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed March 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008

STANDARDIZED PROCEDURE
DRAIN REMOVAL (Adult, Neonatal, Peds)

Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.

This procedure is intended for use by UCSF Medical Center staff and personnel and no representations or warranties are made for outside use. Not for outside production or publication without permission. Direct inquiries to the Office of Origin or Medical Center Administration at (415) 353-2733.