

STANDARDIZED PROCEDURE
SUBDURAL EVACUATING PORT SYSTEM (SEPS) DRAIN
REMOVAL (Adult, Peds)

I. Definition:

This procedure will take place when an indwelling subdural evacuating port system (SEPS) 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 Advanced Health Practitioner (AHP) to safely remove an indwelling drain.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) AHP is determined by the approval of the privileges requested on the AHP Privilege Request Form. If a Pediatric procedure is being done, make sure Child Life Services 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 verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

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

The AHP will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications:

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.

III. Materials

1. Suture removal kit
2. Sterile gauze dressing and bottle of providine-iodine solution, or chloraprep applicator

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3. Suture supplies or stapler
4. Sterile gloves

IV. Procedure

A. Pre-treatment evaluation:

The serial drainage outputs will be reviewed by the AHP and a physician or their designee on the Neurosurgery Service.

There will be inspection of the insertion site, the drain itself and a review of 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 necessary supplies

C. Patient preparation

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 SEPS 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. Don sterile gloves
5. Clean the skin surrounding the bolted catheter using providine-iodine soaked sterile gauze or may use chloraprep applicator instead
6. Turn the bolt counterclockwise until all threading removed from skull
7. Approximate the wound edges and place either sutures or staples to maintain skin closure

E. Post-procedure

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.

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V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation
2. Record the time out, indications, procedure, EBL, the outcome, patient tolerance, medications given, and the plan in the note, as well as any self-care or discharge instructions.

B. All abnormal or unexpected findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The AHP will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The AHP will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of SEPs 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. AHP will observe the supervising physician perform each procedure three times and perform the procedure **three** times under supervision.
4. Supervising physician will document AHP's competency prior to performing procedure without supervision.
5. The AHP 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 AHP will demonstrate competence by successful completion of the initial competency.

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2. Each candidate will be initially proctored and signed off by an attending physician. AHP 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 AHP. The AHP 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 PROCEDURE

Revised Oct 2012 by the Subcommittee of the Committee for Interdisciplinary Practice

Reviewed Oct 2012 by the Committee on Interdisciplinary Practice

Prior revision Nov 2011

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

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