CTT checklist

Use this comprehensive chest thoracotomy tube (CTT) checklist at least once every shift as a reminder for monitoring and managing patients with a CTT.

DATE ►												
TIME ►												
PATIENT												
Does patient show signs of respiratory distress? ***yes/no?***												
Is lung expansion symmetric? ***yes/no?***												
What is the patient's pain score @ insertion site? **1–10**												
What are the breath sounds on the side being treated with a chest tube? **Describe.**												
Indicate if patient performed deep breathing exercises **(DBE)**, coughing **(C)**, or ambulation **(A)** this shift.												
INSERTION SITE												
Insertion site dressing intact? ***yes/no?***												
Is dressing change done during this shift? ***yes/no?***												
Is there subcutaneous emphysema? ***yes/no?***												
Specify level of chest tube exposed @ insertion site.	cm	cm	cm	cm	cm	cm	cm	cm	cm	cm	cm	cm
CONNECTIONS												
Correct connector size? ***yes/no?***												
Connections are secure? ***yes/no?***												
Are tubings kinked? ***yes/no?***												
Are tubings clamped? ***yes/no?***												
Are there dependent loops? ***yes/no?***												
CHEST DRAINAGE UNIT (CDU)												
Specify type of unit ***WET or DRY suction?***												
Is water seal at level of 2 cm?												
Is there tidaling/oscillation @ water seal chamber? ***yes/no?***												
Indicate if there is ***intermittent*** **(I)**, ***continuous*** **(C)**, or ***no*** **(NO)** bubbling @ water seal chamber.												
Color of water seal unchanged? ***yes/no?***												
Is suction applied? ***yes/no?***												
Specify amount of suction.												
Is the correct amount of suction applied? ***yes/no?***												
Is there excessive negative pressure @ water seal? ***yes/no?***												
Is CDU located below level of patient's chest? ***yes/no?***												
DRAINAGE												
Specify amount of drainage ***(refer if >100 mL or acute change)***	mL	mL	mL	mL	mL	mL	mL	mL	mL	mL	mL	mL
Specify color of drainage ***(refer for changes)***												
Remarks ►												
RN's initials ►												