



Implantable Pleural Catheter Drain Monitoring Chart

Please fax on weekly basis to:

CNC Respiratory : Mob 0457 412 738 Fax (02) 98458356

CNC Pall Care : Mob 0400 736 525 Fax (02) 98458331

Specialist : Phone _____ Fax _____

Patient Sticker

Respiratory Physician/Palliative Care Physician: _____

Goal of Treatment : ☐ Spontaneous Pleurodesis ☐ Palliation

Frequency of Drainages : ☐ 3x/week ☐ 2x/week ☐ As needed basis

Date of Suture Removal : _____

Date	Volume of Fluid drained	Colour of fluid	Dyspnoea score	Complications	Name/Contact Number of Review Person	Next Review Date

Western Sydney Local Health District

ABN 48 702 394 764

Westmead Hospital

Cnr Hawkesbury and Darcy Roads, Westmead NSW 2145

PO Box 533, Wentworthville NSW 2145

Tel. (02) 9845 5555



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When do I need to contact treating team

Respiratory or Pall Care teams: Grace Trapolini on Mob 0457412738 (Respiratory CNC)/ Harriet Van de Pol on Mob 0400736525 (Palliative Care CNC), if any of the following occurs

- 1) If the tube drains <50mL on three occasions in a row (will need a CXR performed).
- 2) The tube stops draining fluid
- 3) If they develop high temperatures and fevers
- 4) If the tube falls out
- 5) If the skin around the tube starts turning red, becoming warm and/or painful
- 6) Excessive pain and discomfort at the site of the tube
- 7) Any abnormal growth around the tube
- 8) GCN please add your contact details when faxing information, so team can follow up ASAP.

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