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Title: Nurse practitioner insertion of Seldinger chest drains. A pilot study

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Body: Background: In 2008 the National Patient Safety Agency encouraged UK hospitals to develop local policies that reduced the risks associated with chest drain insertion. A key theme that emerged from the 2008 Rapid Response Report was that the inexperience of junior doctors and inadequate supervision increased the risk of complications associated with the procedure. Aims: We proposed that a ward based nurse practitioner, trained in thoracic ultrasound and chest drain insertion could: 1. Safely perform this procedure in the absence of a competently trained doctor. 2. Optimise training opportunities for junior doctors to undertake this procedure under appropriate supervision. Method: Following a tailored education programme including ultrasound interpretation and chest drain insertion we reviewed 10 chest drain insertions performed by the nurse practitioner. Various aspects relating to chest drain insertion including consent practice, use of thoracic ultrasound and incidence of any adverse events were audited. Data was collected over a four month period (June to September 2011). Results: All 10 chest drain insertions performed by the nurse practitioner were correctly sited, written consent was obtained in 100% of procedures undertaken, thoracic ultrasound was used to guide drain placement in 100% of cases and there were no adverse incidents or complications related to chest drain insertion. Conclusion: Training of specialist nurses in the procedure of chest drain insertion for elective patients with uncomplicated pleural effusion is an acceptable model within the district hospital setting and has the additional benefit of providing appropriate support and supervision for junior doctors undertaking this procedure.