

Write or affix label

Name:
Address:
CHI:
DOB:
Hospital and Ward

Daily Chest Drain Monitoring Chart

Ensure drain losses also documented on fluid balance chart



Date _/_/___	Chest drain and dressing intact	Water filled to 2cm in seal chamber	Suction at – 10kPa and bellow inflated? (if required)	Is dial set to – 20cm H2O? (Unless instructed otherwise)	Safety pack and clamps at bedside?	Has drain given any losses in last hour?	Drain loss colour **	Signature and designation
Time	Y/N	Y/N	Y/N/Not Req	Y/N	Y/N	Y/N	Y/N	Y/N
08:00								
09:00								
10:00								
11:00								
12:00								
13:00								
14:00								
15:00								
16:00								
17:00								
18:00								
19:00								

****Drain loss colour abbreviations:** B - Blood, H - Haemoserous, S – Serous, C - Chyle, P – Pus, A – Air only

If **NO** to any of the above checks, please troubleshoot as per local guidance and manufacturer guidance