**Central Venous Catheter Placement Clinical Skills Assessment**

Fellow Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure / site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ultrasound guidance Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Performed? |
| Indepen-dently | Correctly w/ prompts | Incorrectly | No |
|  |  |  |  |  | Pre-procedure |
|  |  |  |  | Informed consent obtained (indicate if emergency procedure) |
|  |  |  |  | Hands washed and universal protocol followed |
|  |  |  |  | Patient positioned properly |
|  |  |  |  | Appropriate site identified and confirmed with US (when applicable) (including identification of vessels, and assessment of patency) |
|  |  |  |  | Required equipment/monitoring assembled  |
|  |  |  |  | Procedure |
|  |  |  |  | Full barrier precautions / proper sterile technique maintained at all times |
|  |  |  |  | Appropriate anesthesia used for procedure |
|  |  |  |  | Needle inserted at proper angle and direction |
|  |  |  |  | Needle tip visualized with ultrasound (when using US guidance) |
|  |  |  |  | Venous blood return obtained |
|  |  |  |  | Seldinger technique used to place guide wire |
|  |  |  |  | Venous access confirmed prior to dilation (US / manometry / other \_\_\_\_\_\_) |
|  |  |  |  | Appropriate size incision made with scalpel |
|  |  |  |  | Seldinger technique used to place dilator, then catheter |
|  |  |  |  | All ports confirmed as functioning |
|  |  |  |  | Catheter secured in place appropriately |
|  |  |  |  | Area cleaned and appropriate dressing applied |
|  |  |  |  | Post-procedure |
|  |  |  |  | All sharps disposed of appropriately |
|  |  |  |  | Confirmatory X-ray ordered and reviewed (as necessary) |

Number of attempts required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall performance:**

* Performed independently and correctly *without* prompting
* Performed completely and correctly *with* prompting
* Performed partially or incorrectly

Comments (list complications/needed improvements as well): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_