**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_