**Thoracentesis 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 physical exam to identify location of pleural effusion |
|  |  | |  | |  | | Required equipment/monitoring assembled |
|  |  | |  | |  | | Pleural Ultrasonography: Identifies the following - |
|  |  | |  | |  | | Anechoic or relatively hypoechoic space |
|  |  | |  | |  | | Anatomic boundaries (diaphragm, sub-diaphragmatic organs, chest wall, lung) |
|  |  | |  | |  | | Ascites (if present), and differentiates it from pleural effusion |
|  |  | |  | |  | | Pericardial effusion (if present), and differentiates it from pleural effusion |
|  |  | |  | |  | | Dynamic changes (floating lung, dynamic fluid motion) |
|  |  | |  | |  | | Characterizes fluid (echodensity, septations, debris, etc. size (qualitative)) |
|  |  | |  | |  | | Identifies safe site, depth, angle for procedure |
|  |  | |  | |  | | Procedure |
|  |  | |  | |  | | Appropriate local anesthesia used |
|  |  | |  | |  | | Needle inserted at proper angle and direction |
|  |  | |  | |  | | Able to insert catheter over needle drainage device |
|  |  | |  | |  | | Pleural fluid drained and procedure stopped for appropriate indications |
|  |  | |  | |  | | Post-procedure |
|  |  | |  | |  | | All sharps disposed of appropriately |
|  |  | |  | |  | | Repeat imaging: US done or X-ray ordered and reviewed (as necessary) |
|  |  | |  | |  | | Samples labeled and appropriate tests done and reviewed |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_