**Tube Thoracostomy Clinical Skills Assessment**

**Fellow Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervised by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Performed? |
| Indepen-denty | Correctly w/ prompting | Incorrectly | No |
|  |  |  |  | Pre-procedure |
|  |  |  |  | Informed consent obtained correctly (indicate if emergency procedure) |
|  |  |  |  | Able to anticipate/communicate potential complications and their management |
|  |  |  |  | Hands washed and universal protocol followed |
|  |  |  |  | Achieves optimal positioning/exposure  |
|  |  |  |  | Site selection appropriate for clinical scenario |
|  |  |  |  | Establishes anatomic landmarks with/without ultrasound |
|  |  |  |  | Site prepared and draped adequately |
|  |  |  |  | Procedure- Seldinger or Catheter-Over Needle technique |
|  |  |  |  | Appropriate analgesia used |
|  |  |  |  | Pleural space entered with needle |
|  |  |  |  | Wire placed to appropriate depth |
|  |  |  |  | Dilators used to appropriately dilate tract |
|  |  |  |  | Tube placed to appropriate depth |
|  |  |  |  | Procedure- Cut-down technique  |
|  |  |  |  | Appropriate analgesia used |
|  |  |  |  | Appropriate incision made parallel to rib |
|  |  |  |  | Dissection to above rib appropriate |
|  |  |  |  | Pleural space entered and finger sweep performed |
|  |  |  |  | Tube inserted with forceps or insertion tool |
|  |  |  |  | Post-procedure |
|  |  |  |  | Tube sutured and secured in place appropriately |
|  |  |  |  | Appropriately connected to pleurovac or Heimlich valve |
|  |  |  |  | Chest X-ray ordered and placement confirmed |
|  |  |  |  | Procedure note appropriately completed |

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