



Capital Health

D.O.M. ICU Invasive Procedures

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0000000000000317-2005

Date (YYMMDD):

Time (24h):

Attending Resident <input type="checkbox"/> (Unsupervised) <input type="checkbox"/> (Supervised) <input type="checkbox"/> PGY1 <input type="checkbox"/>	Central Line:	RIJ	RSC	RFem	LIJ	LSC	LFem	Other
	VasCath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Intro. Sheath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C.V.Cath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	P.A. Cath	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Art Line: Rt. Rad Rt. Fem Lt. Rad Lt. Fem Other

I/D Precautions: Hat Gown Gloves Mask Chlorhexidine Povidine

Details: Change over Wire <input type="checkbox"/>	Operator Experience: 0 1-5 6-10 11-20 >20 Supervised <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unsupervised <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fresh Stick Same Site <input type="checkbox"/>	
Fresh Stick New Site <input type="checkbox"/>	

Complication: Arterial Puncture <input type="checkbox"/> Multiple Attempts: 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3 <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Wire would not advance <input type="checkbox"/> Line would not thread <input type="checkbox"/> Haemodynamic Compromise <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Bleeding: Site Oozing <input type="checkbox"/> With Haematoma <input type="checkbox"/> Air Embolus <input type="checkbox"/> Other <input type="checkbox"/>	Indication: Drug infusion <input type="checkbox"/> Haemodynamic monitoring <input type="checkbox"/> Therapy (ie Dialysis, TPN) <input type="checkbox"/> Access for labs <input type="checkbox"/> Volume resuscitation <input type="checkbox"/> Present Line Blocked <input type="checkbox"/> Previous Site Infected <input type="checkbox"/> Premature Line Removal <input type="checkbox"/> Suspected line sepsis <input type="checkbox"/>
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Chest Tube

Indication: Pneumothorax Haemothorax Drainage **Side:** Left Right
Complications: Hypoxemic Hypo/Hypertension Bleeding Other

Bronchoscopy

Indication: Diagnostic Toilet **Sample:** Left Right
Complications: Hypoxemic Hypo/Hypertension Bleeding Other

Comments: _____

Signature: Physician _____ Nurse _____
 (Print) Physician _____ Nurse _____

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