

INVASIVE PROCEDURE LIST

DEPARTMENT OF SURGICAL EDUCATION

Name: _____ Month/Year: _____ Sheet #: ___ of ___

Note: This form is to be used by all students, Emergency Medicine, and Internal Medicine residents. It must be turned in at the conclusion of your rotation to receive credit. Use additional sheets as necessary. Refer to the list below for abbreviations. List all invasive procedures that you either perform or attempt during your rotation. Do not include NG tubes, feeding tubes, Foley catheters, etc. General Surgery residents should use the *SWIFTMD* to document their procedures.

No.	Date	Med Record #	Procedure	Site	Role (circle)	Success (circle)	Complications
1.					P A	S U	
2.					P A	S U	
3.					P A	S U	
4.					P A	S U	
5.					P A	S U	
6.					P A	S U	
7.					P A	S U	
8.					P A	S U	
9.					P A	S U	
10.					P A	S U	
11.					P A	S U	
12.					P A	S U	
13.					P A	S U	
14.					P A	S U	
15.					P A	S U	
16.					P A	S U	
17.					P A	S U	
18.					P A	S U	
19.					P A	S U	
20.					P A	S U	

ABBREVIATIONS

	<u>Procedure</u>	<u>Site</u>	<u>Role</u>	<u>Success</u>
AL	arterial line	Ax axillary	P Performed	S Successful
Bronch	bronchoscopy	Fem femoral	A Assisted	U Unsuccessful attempt
CT	chest tube	IJ internal jugular		
Intro	introducer insertion	N nasal		
Intubate	airway intubation	O oral		
LP	lumbar puncture	R radial		
PAC	pulmonary artery catheter	SC subclavian		
PDT	percutaneous dilatation tracheostomy			
PEG	percutaneous endoscopic gastrostomy			
Thoracen	thoracentesis			
TLC	triple lumen catheter			