Procedure Observation*

Resident: _____ [ ] R1 [ ] R2 [ ] R3 **Date:** _____

* It is highly recommended that you watch the appropriate procedure video before this observation

Reason for procedure: _____

Setting: [ ] Ward [ ] ICU [ ] ED/UC [ ] Other: _____

Procedure:

[ ] Arterial line

[ ] Central line

[ ] Intraarticular (joint) injection or aspiration

[ ] Interosseous (I/O) line

[ ] Lumbar Puncture

[ ] Paracentesis

[ ] Peripheral IV

[ ] US-guided peripheral IV

[ ] Other: _____

Procedure Supervision:

I attest that the resident was involved with or observed the following as appropriate for the procedure: Consent discussion, standard/universal precautions, establishment of a sterile field, local anesthstic application, procedure completion, and safe clean up.

Supervisor: _____ _____ _____

Print name Signature Date

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