

# Vascular Access Ultrasound Logbook

Name: \_\_\_\_\_

## Contents

### Vascular Access Accreditation Requirements

- 5 Successful Supervised Central Venous Catheter Insertions
- 3 Successful Supervised Peripheral Venous Catheter Insertions
  - 2 Formative Assessments (for CCPU only)
  - 1 Summative Assessment (for CCPU only)

# ULTRASOUND GUIDED CENTRAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A	why N/A _____
	Position	Optimal / Suboptimal	
	Site	Internal Jugular / Femoral / Subclavian / Basilic R / L	
<b>Environment</b>		Appropriate / Inappropriate ED / ICU / OT	
<b>Equipment</b>	Preparation	Adequate / Inadequate	
	Catheter Type	CVC / Vascath / PICC	
	Probe and preset	Correct / Incorrect	

## Procedure

<b>Asepsis</b>	Hands scrubbed	Y / N
	Gloves/gown/hat/mask	Y / N
	Skin prep	Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>	Y / N	Number of passes _____

## Post Procedure Care

<b>Securement</b>	Sutures	Y / N	Dressings	Y / N
<b>Position confirmation</b>	CXR check	Y / N / N/A		
<b>Documentation</b>	Adequate / Inadequate			
<b>Complications</b>	Y / N			
	Haematoma / Pneumothorax / Arterial puncture			
	Other: _____			
	Appropriate action taken:		Y / N	
<b>Machine Care</b>	Appropriate / Inappropriate			

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED CENTRAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	Internal Jugular / Femoral / Subclavian / Basilic R / L
<b>Environment</b>		Appropriate / Inappropriate ED / ICU / OT
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Catheter Type	CVC / Vascath / PICC
	Probe and preset	Correct / Incorrect

## Procedure

<b>Asepsis</b>	Hands scrubbed	Y / N
	Gloves/gown/hat/mask	Y / N
	Skin prep	Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N
	Number of passes	_____

## Post Procedure Care

<b>Securement</b>	Sutures	Y / N	Dressings	Y / N
<b>Position confirmation</b>	CXR check	Y / N / N/A		
<b>Documentation</b>	Adequate / Inadequate			
<b>Complications</b>	Y / N			
	Haematoma / Pneumothorax / Arterial puncture			
	Other: _____			
	Appropriate action taken:		Y / N	
<b>Machine Care</b>	Appropriate / Inappropriate			

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED CENTRAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	Internal Jugular / Femoral / Subclavian / Basilic R / L
<b>Environment</b>		Appropriate / Inappropriate ED / ICU / OT
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Catheter Type	CVC / Vascath / PICC
	Probe and preset	Correct / Incorrect

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	Gloves/gown/hat/mask	Y / N
	Skin prep	Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N
	Number of passes	_____

## Post Procedure Care

<b>Securement</b>	Sutures	Y / N	Dressings	Y / N
<b>Position confirmation</b>	CXR check	Y / N / N/A		
<b>Documentation</b>	Adequate / Inadequate			
<b>Complications</b>	Y / N			
	Haematoma / Pneumothorax / Arterial puncture			
	Other: _____			
	Appropriate action taken:		Y / N	
<b>Machine Care</b>	Appropriate / Inappropriate			

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED CENTRAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	Internal Jugular / Femoral / Subclavian / Basilic R / L
<b>Environment</b>		Appropriate / Inappropriate ED / ICU / OT
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Catheter Type	CVC / Vascath / PICC
	Probe and preset	Correct / Incorrect

## Procedure

<b>Asepsis</b>	Hands scrubbed	Y / N
	Gloves/gown/hat/mask	Y / N
	Skin prep	Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N
		Number of passes _____

## Post Procedure Care

<b>Securement</b>	Sutures	Y / N	Dressings	Y / N
<b>Position confirmation</b>	CXR check	Y / N / N/A		
<b>Documentation</b>	Adequate / Inadequate			
<b>Complications</b>	Y / N			
	Haematoma / Pneumothorax / Arterial puncture			
	Other: _____			
	Appropriate action taken:		Y / N	
<b>Machine Care</b>	Appropriate / Inappropriate			

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED CENTRAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	Internal Jugular / Femoral / Subclavian / Basilic R / L
<b>Environment</b>		Appropriate / Inappropriate ED / ICU / OT
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Catheter Type	CVC / Vascath / PICC
	Probe and preset	Correct / Incorrect

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<b>Asepsis</b>	Hands scrubbed	Y / N
	Gloves/gown/hat/mask	Y / N
	Skin prep	Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N
	Number of passes	_____

## Post Procedure Care

<b>Securement</b>	Sutures	Y / N	Dressings	Y / N
<b>Position confirmation</b>	CXR check	Y / N / N/A		
<b>Documentation</b>	Adequate / Inadequate			
<b>Complications</b>	Y / N			
	Haematoma / Pneumothorax / Arterial puncture			
	Other: _____			
	Appropriate action taken:			Y / N
<b>Machine Care</b>	Appropriate / Inappropriate			

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED PERIPHERAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	R / L
<b>Environment</b>		Appropriate / Inappropriate
		ED / ICU / OT / Ward
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Probe and preset	Correct / Incorrect

## Procedure

<b>Appropriate asepsis</b>		Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N

## Post Procedure Care

<b>Securement</b>	Dressings	Y / N
<b>Documentation</b>		Adequate / Inadequate
<b>Complications</b>		Y / N
		Describe: _____
	Appropriate action taken:	Y / N
<b>Machine Care</b>		Appropriate / Inappropriate

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# ULTRASOUND GUIDED PERIPHERAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	R / L
<b>Environment</b>		Appropriate / Inappropriate
		ED / ICU / OT / Ward
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Probe and preset	Correct / Incorrect

## Procedure

<b>Appropriate asepsis</b>		Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N

## Post Procedure Care

<b>Securement</b>	Dressings	Y / N
<b>Documentation</b>		Adequate / Inadequate
<b>Complications</b>		Y / N
		Describe: _____
	Appropriate action taken:	Y / N
<b>Machine Care</b>		Appropriate / Inappropriate

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_



# ULTRASOUND GUIDED PERIPHERAL VENOUS CATHETER INSERTION

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

## Preparation

<b>Patient</b>	Consent	Y / N / N/A why N/A _____
	Position	Optimal / Suboptimal
	Site	R / L
<b>Environment</b>		Appropriate / Inappropriate
		ED / ICU / OT / Ward
<b>Equipment</b>	Preparation	Adequate / Inadequate
	Probe and preset	Correct / Incorrect

## Procedure

<b>Appropriate asepsis</b>		Y / N
<b>Image acquisition</b>	Optimisation	Y / N
	Vessel identified	Y / N
	Relevant artefacts	Y / N / N/A
<b>Performs procedure competently</b>		Y / N

## Post Procedure Care

<b>Securement</b>	Dressings	Y / N
<b>Documentation</b>		Adequate / Inadequate
<b>Complications</b>		Y / N
		Describe: _____
	Appropriate action taken:	Y / N
<b>Machine Care</b>		Appropriate / Inappropriate

**Comments / Learning / Actions** \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

# COMPETENCE ASSESSMENT FORM VASCULAR ACCESS ULTRASOUND

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Assessment type:    Formative (feedback & teaching given during assessment for education)   

                                 Summative (prompting allowed but teaching not given during assessment)   

To pass the summative assessment, the candidate must pass all components listed

	Competent	Prompted	Fail
<b>Prepare Patient</b>			
Position			
Informed consent			
<b>Prepare Environment</b>			
Prepares equipment			
<b>Probe &amp; Preset Selection</b>			
Can change transducer			
Selects appropriate transducer			
Selects appropriate preset			
<b>Image Acquisition</b>			
Optimisation (depth, freq, focus, gain)			
Identifies target vessel			
Relevant anatomy			
Optimal insertion site			
<b>Performs Procedure</b>			
Maintains asepsis			
Performs procedure competently			
<b>Artefacts</b>			
Identifies & explains the basis of common artefacts			
<b>Record Keeping</b>			
Labels & stores appropriate images			
Documents any pathology identified			

Completes report / notes  
 Documents findings and insertion procedure briefly  
 Documents any complications and appropriate actions taken  
 Documents position check  
 Documents line ready for use and integrates with clinical assessment


**Machine Maintenance**

Cleans / disinfects ultrasound probe  
 Stores machine and probes safely and correctly


**For Formative Assessment Only:**

Feedback of particularly good areas: \_\_\_\_\_

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Agreed actions for development: \_\_\_\_\_

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Candidate Signature: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COMPETENCE ASSESSMENT FORM VASCULAR ACCESS ULTRASOUND

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

- Assessment type:    Formative (feedback & teaching given during assessment for education)
- Summative (prompting allowed but teaching not given during assessment)

To pass the summative assessment, the candidate must pass all components listed

	Competent	Prompted	Fail
<b>Prepare Patient</b>			
Position			
Informed consent			
<b>Prepare Environment</b>			
Prepares equipment			
<b>Probe &amp; Preset Selection</b>			
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Identifies target vessel			
Relevant anatomy			
Optimal insertion site			
<b>Performs Procedure</b>			
Maintains asepsis			
Performs procedure competently			
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**For Formative Assessment Only:**

Feedback of particularly good areas: \_\_\_\_\_

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Agreed actions for development: \_\_\_\_\_

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Candidate Signature: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COMPETENCE ASSESSMENT FORM VASCULAR ACCESS ULTRASOUND

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

- Assessment type:    Formative (feedback & teaching given during assessment for education)
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To pass the summative assessment, the candidate must pass all components listed

	Competent	Prompted	Fail
<b>Prepare Patient</b>			
Position			
Informed consent			
<b>Prepare Environment</b>			
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<b>Probe &amp; Preset Selection</b>			
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Optimisation (depth, freq, focus, gain)			
Identifies target vessel			
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Optimal insertion site			
<b>Performs Procedure</b>			
Maintains asepsis			
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<b>Artefacts</b>			
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**For Formative Assessment Only:**

Feedback of particularly good areas: \_\_\_\_\_

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Agreed actions for development: \_\_\_\_\_

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Candidate Signature: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_