

Pleural Procedures Training Form

INSERT STICKER HERE

Type of Procedure/Date of Procedure: _____

Indication: _____

Supervisor: _____

Site: _____

Type of Tube: _____

Size of Tube: _____

Technique: ☐ Seldinger ☐ Blunt dissection

Use of Pleural Ultrasound: ☐ Yes ☐ No

Complications: _____

Outcome: _____

Reflections: _____

*Accredited to Perform Procedure Independently?**

☐ Yes ☐ No

Supervisor Signature

* Please review log book to ensure adequate numbers of supervised procedure and technical competency has been achieved.

Department Respiratory Medicine, Western Sydney Local
Health District, 2013