Thoracentesis.

INDICATION: Pleural effusion.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was draped in a sterile manner using sterile towels and a sterile drape. The insertion site was then marked with a sterile marker. A 25-gauge 1.5-inch spinal needle was used to perform the thoracentesis. The patient was then placed in the lateral decubitus position. The left pleural space was accessed under ultrasound guidance using a finder needle and sheath. Ultrasound images were permanently documented. Venous blood was withdrawn and then the sheath was exchanged for a dilator over the guidewire. A guidewire was advanced through the sheath. A small incision was made using a 10 blade scalpel. A guidewire was advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The catheter was then secured into place using a securing device. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the procedure.

ESTIMATED BLOOD LOSS:

Endotracheal intubation.

INDICATIONS: Respiratory distress.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was placed on a surgical table and positioned in the lateral decubitus position. The left pleural space was accessed under ultrasound guidance using a finder needle and sheath. Ultrasound images were permanently documented. Venous blood was withdrawn and then the sheath was exchanged for a dilator over the guidewire. A guidewire was advanced through the sheath. A small incision was made using a 10 blade scalpel. A guidewire was advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The catheter was then secured into place using a securing device. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the procedure.

ESTIMATED BLOOD LOSS:

Femoral central venous catheter.

INDICATION: Cardiac arrest.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was prepared and draped in sterile fashion. The left femoral region was then marked with a sterile marker. A 18-gauge 8-inch spinal needle was inserted and advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The patients tolerated the procedure well without any immediate complications. Dr. ____ was present during the procedure.

ESTIMATED BLOOD LOSS:

Paracentesis.

INDICATION: Worsening ascites.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The area of the right iliac fossa was then marked with a sterile marker. A 14-gauge 8-inch spinal needle was inserted and advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The patients tolerated the procedure well without any immediate complications. Dr. ____ was present during the procedure.

ESTIMATED BLOOD LOSS:

Subclavian central venous catheter.

INDICATION: Sepsis.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was placed in Trendelenburg position. The right subclavian region was then marked with a sterile marker. A 14-gauge 8-inch spinal needle was inserted and advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The patients tolerated the procedure well without any immediate complications. Dr. ____ was present during the procedure.

ESTIMATED BLOOD LOSS:

Lumbar Puncture.

INDICATION: Altered mental status and fever.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was placed in the lateral decubitus position in a semi-fowler position with help from the nursing staff. The area was cleansed and draped in sterile fashion. Anesthesia was achieved with 1% lidocaine. A 25-gauge 3.5-inch spinal needle was placed in the L4-L5 interspace. After the first attempt, clear yellow fluid was visualized. The patient tolerated the procedure well without any immediate complications. The area was cleaned and Tegaderm applied. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Femoral artery line placement. (A-line)

INDICATION: 
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: The patient was prepared and draped in sterile fashion using chlorhexidine scrub. A guidewire was used to numb the region. A 18-gauge 8-inch spinal needle was inserted and advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The catheter was then secured into place using a securing device. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Radial artery line placement. (A-line)

INDICATION: 
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: The patient was prepared and draped in sterile fashion using chlorhexidine scrub. A guidewire was used to numb the region. A small incision was made with a 10 blade scalpel. A guidewire was advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The catheter was then secured into place using a securing device. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Pulmonary Artery Catheter. (Swan-Ganz)

INDICATION: Shock, of unknown etiology.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: The patient was prepared and draped in sterile fashion. The Swan-Ganz catheter was inserted. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Internal jugular central venous catheter.

INDICATION: Sepsis.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: A time out was performed. The patient was placed in Trendelenburg position. The left subclavian region was then marked with a sterile marker. A 14-gauge 8-inch spinal needle was inserted and advanced over the guidewire until appropriate dilatation was obtained. The dilator was removed and an 8.5 French central venous catheter was advanced over the guidewire. The patient tolerated the procedure well without any immediate complications. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Transvenous pacemaker.

INDICATION: Bradycardia unresponsive to atropine.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: Using the previously placed □ LEFT/RIGHT □ internal jugular catheter, a bipolar pacing catheter was advanced into the SVC. The catheter was advanced to approximately 15 centimeters, whereupon the balloon was inflated. It was further advanced into the right atrium and then the right ventricle to a depth of 36 cm at which point pacing was achieved. The balloon was deflated and the catheter was retracted <__> cm. The pacer was then advanced an additional <__> cm and capture was rechecked at <__> mVp. The patient tolerated the procedure well with no immediate complications. Dr. ____ was present during the entire procedure.

ESTIMATED BLOOD LOSS:

Bone marrow aspirate and biopsy.

INDICATION: Pancreatectomy.
PROCEDURE OPERATOR: 
CONSENT: 
PROCEDURE SUMMARY: The patient was laid in the □ LEFT/RIGHT □, lateral decubitus position. The □ LEFT/RIGHT □ posterior superior iliac spine was located, and the skin was anesthetized with 1% lidocaine. A Kelly needle was introduced, and bone marrow aspirate was obtained without any difficulty. This was withdrawn, and the Jamshidi needle was advanced over the bone cavity. Bone marrow biopsy was obtained without any complications. Dr. ____ was present for the critical part of the procedure.

ESTIMATED BLOOD LOSS:

Observed by: Marc Elieson

Created by: Marc Elieson