

## PARACENTESIS – COMPETENCY ASSESSMENT TOOL (CAT)

Check eac	n mistake made or any potential mistakes that needed prompting from the supervisor to avoid
<b>Confirm Indication</b>	□ Did not identify a proper indication
Contraindications	☐ Did not consider relevant contraindications
Obtain Consent	□ Did not obtain signed consent
	☐ Used medical jargon when explaining the procedure
	□ Did not confirm patient's understanding
Positioning	□ Did not elevate HOB to 15-45 deg, when tolerated
Tositioning	□ Did not rotate to ipsilateral side, when tolerated
Ultrasound Confirmation of Safe Insertion Site	□ Did not use low-frequency transducer to assess fluid collection
	□ Did not measure distance from skin to peritoneum
	□ Did not identify abdominal wall, peritoneum, liver/spleen and bowel
	□ Did not confirm >3cm in all three dimensions from peritoneum to nearest intraperitoneal structures
Sale misertion site	□ Did not rule out abdominal wall vessels at the insertion site and identify inferior epigastric vessels using
	a high-frequency transducer with doppler
Supplies	□ Did not obtain all necessary supplies before starting
Timeout	□ Did not perform timeout
	□ Scrubbed chlorhexidine <30 seconds
Sterile Prep	□ Sterilized area smaller than drape aperture
	☐ Did not appropriately address contamination, if occurred
Draw-up Lidocaine	□ Did not draw up lidocaine in sterile fashion
	□ Used incorrect needle to aspirate lidocaine
Anesthetize Track	□ Did not create a dermal 'wheal'
	☐ Advanced needle along different tract than identified by ultrasound
	□ Did not maintain negative pressure while advancing
Make Nick	□ Advanced <1/3 or >2/3 the width of scalpel blade
	□ Created separation between catheter hub and the needle base prior to being in peritoneal space
	□ Did not apply sufficient pressure to advance through tissues
Catheter Insertion	□ Did not maintain negative pressure while advancing
Cutilities institution	☐ Advances along a different track than the one identified by ultrasound or the anesthetized tract
	□ Did not advance an additional 0.5-1cm once needle is inside the peritoneum
	□ Did not maintain depth of needle while advancing catheter
Collect Sample	□ Did not obtain sample when indicated
	□ Did not send for appropriate studies when indicated
Remove ascites	□ Did not identify correct tubing
	□ Inadvertently pulled out catheter
Troubleshoot	□ Did not stop negative pressure when addressing interrupted flow
interrupted	□ Pulled catheter out too far when attempting to address interrupted flow
drainage	□ Continued to manipulate catheter in/out beyond a single safe adjustment
	□ Used non-sterile fluid to flush catheter
Cathatan Fatur at'	□ Did not stop negative pressure before removing catheter
Catheter Extraction	□ Did not address bleeding by applying firm pressure with gauze
Allanasta to Costs	□ Did not recognize and address persistent ascites leak
Albumin Infusion	□ Did not order albumin, when indicated



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Global Skills Assessment Scale						
1	2	3	4	5		
Novice	Beginner	Intermediate	Proficient	Expert		
Movements are	Knowledgeable about	Self-directed	Smooth and well-	Efficient, well-planned,		
guided by verbal	appropriate steps but	movements with	coordinated	and fluid movements.		
instruction or through	still familiarizing with	increased efficiency	movements. Readily	Facile with all		
trial and error. Unable	equipment and	and planning. Success	identifies unexpected	equipment and		
to anticipate	inefficient or awkward	with uncomplicated	or high-risk conditions.	seamlessly adjusts for		
subsequent steps or	movements and	procedures. But slow	Familiar with	new conditions with		
adjust for new	positioning.	to recognize high-risk	troubleshooting	effectively		
conditions.		conditions, fails to	options and	implemented		
		request assistance	appropriately seeks	troubleshooting		
		when needed or and	assistance when	techniques.		
		not familiar with best	needed for higher			
		troubleshooting	level considerations.			
		methods.				
<b>Entrustment Scale: At w</b>	hat level do you entrust	the provider to perform	and/or supervise the pro	cedure?		
1	2	3	4	5		
Critical Deficiencies	Full supervision	Partial supervision	Unsupervised practice	Educator		
High-risk for patient	Supervisor is gloved	Supervisor is ungloved	("indirect supervision")	Serves as instructor in		
harm. Can observe	and immediately	but immediately	Back-up assistance	didactics, and		
	available throughout	available for all critical	available within facility	simulation settings and		
the procedure but not	available throughout		-	_		
ready to perform on	procedure providing	steps, offering	for unexpected and	is clinical back-up for		
•	procedure providing frequent verbal	steps, offering occasional verbal	-	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or	for unexpected and complex conditions.	is clinical back-up for		
ready to perform on	procedure providing frequent verbal	steps, offering occasional verbal instruction and/or assisting for complex	for unexpected and complex conditions.  May provide	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated	for unexpected and complex conditions.  May provide supervision to trainees	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex	for unexpected and complex conditions.  May provide supervision to trainees but maintains low	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request expert assistance in	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request	is clinical back-up for high-risk and complex		
ready to perform on	procedure providing frequent verbal instruction and/or	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated conditions	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request expert assistance in	is clinical back-up for high-risk and complex		
ready to perform on live patients.	procedure providing frequent verbal instruction and/or hands on assistance.	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated conditions	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request expert assistance in high-risk situations.	is clinical back-up for high-risk and complex		
ready to perform on live patients.  Final Score:  For Reference:	procedure providing frequent verbal instruction and/or hands on assistance.  Errors noted on characters.	steps, offering occasional verbal instruction and/or assisting for complex and unanticipated conditions  ecklist Global	for unexpected and complex conditions.  May provide supervision to trainees but maintains low threshold to request expert assistance in high-risk situations.	is clinical back-up for high-risk and complex situations.		