

Reporting sheet – US Assisted lumbar puncture

Candidate name:

Date:

Patient identifier:

Image quality:

Good

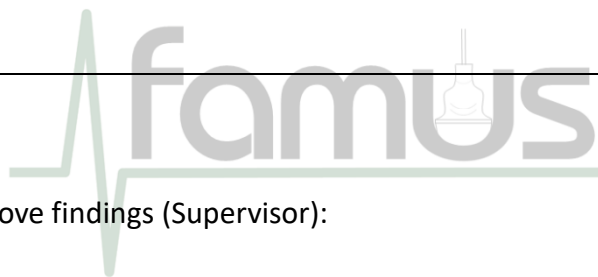
Adequate

Poor

US Assisted LP		
Equipment prepared and set up ergonomically?	Yes ☐	No ☐
Images optimised appropriately (using appropriate probe)	Yes ☐	No ☐
Demonstrates Sacrum, L5-S1, L4-L5 or L3-L4 using median images and paramedian images with probe in longitudinal position	Yes ☐	No ☐
Demonstrates intrathecal space and marks space with probe in longitudinal position	Yes ☐	No ☐
Demonstrates the spinous view and interspinous view with probe in the transverse position and locates the intrathecal space and interspinous ligament	Yes ☐	No ☐
Marks the appropriate space for LP needle insertion	Yes ☐	No ☐
Comments/further details (if required)		
Candidate reflection on scan (optional)		
Supervisor comments:		

Signed (candidate):

Signed to confirm above findings (Supervisor):



Once completed candidate must maintain logbook of countersigned report sheets. Please remember not to remove patient confidential information from organisation property