# Reporting sheet – peripheral vascular access

Candidate name: Date:

Patient identifier:

Image quality: Good Adequate Poor

| Peripheral vascular access | | | | | |
|---|---|---|---|---|---|
| **Site of cannulation** | ACF □ | Upper arm □ | Forearm □ | Pedal □ | Other (details) |

| | | |
|---|---|---|
| **Equipment prepared and set up ergonomically?** | Yes □ | No □ |
| **Image optimised appropriately (using linear probe)** | Yes □ | No □ |
| **Artery – vein differentiation in 2D transverse view** | Yes □ | No □ |
| **Appropriate cannulation site identified** | Yes □ | No □ |
| **Aseptic technique utilised** | Yes □ | No □ |
| **Dynamic needle tip positioning demonstrated in plane / out of plane / oblique view** | Yes □ | No □ |
| **Successful cannulation** | Yes □ | No □ |

| |
|---|
| Comments/further details (if required) |
| Candidate reflection on scan (optional) |
| Supervisor comments: |

Signed (candidate):

Signed to confirm above findings (Supervisor):

Initial to confirm candidate suitable to commence mentored practice (only required once):
(minimum 2 supervised scans)

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