## $The\ Paracentesis\ Competency\ Assessment\ Tool\ (PCAT)-The rapeutic\ Paracentesis$

Resident Name:		Eva	aluator: Date:			
I. Paracentesis Checklist						
Procedure Step	Yes	No	Item clarification			
1. Obtains informed consent <sup>a</sup>	Y	N	Appropriately names risks (ex: infection, bleeding, abdomina organ puncture, death) and benefits: (ex: diagnosis and/or therapeutic relief)			
2. Washes hands with soap and water or hand sanitizer	Y	N				
3.Positions patient appropriately	Y	N	Supine or lateral decubitus, head of bed elevated			
4.Inspects abdominal wall	Y	N	Notes location of scars, cellulitis, and collateral veins			
5.Percusses the abdomen	Y	N	Notes tympany vs dullness			
6.Palpates the abdomen and selects site	Y	N	<ul> <li>Palpates and notes lateral border of rectus and chooses sit 2 fingerbreadths superior and 2 fingerbreadths medial to anterior iliac spine</li> <li>Unless contraindicated, chooses LLQ.</li> </ul>			
7.Confirms appropriateness of site using ultrasound	Y	N	Uses low frequency probe to confirm:  • Presence of ascites • Lack of nearby bowel			
8.Marks site with needle cap or sterile marker	Y	N				
9.Calls "time out"	Y	N	Confirms patient ID, procedure, and site by all members of team doing procedure and no allergy to local anesthetic			
10. Washes hands again with soap and water	Y	N				
11.Puts on cap and mask, and then sterile gloves	Y	N	Optional: Applies sterile or non-sterile gown			
12.Cleans area with sterilizing solution (chlorhexidine/betadine)	Y	N	Must dispose of swab appropriately without contaminating sterile environment			

13.Drapes the area	Y	N	
14.Sets up the kit (Yueh catheter)	Y	N	<ul> <li>Appropriately draws lidocaine and ensures no air in syringe</li> <li>Attaches Yueh catheter or paracentesis needle to 35 CC syringe</li> <li>Has assistant confirm proper tubing set up</li> </ul>
15.Uses lidocaine to anesthetize the skin (wheal)	Y	N	<ul> <li>Uses smaller bore needle</li> <li>Constantly aspirates before injecting</li> </ul>
16.Anesthetizes deeper	Y	N	If no peritoneal fluid obtained from initial anesthetic, switches to larger bore needle to anesthetize the peritoneum
17. Using the Yueh catheter/needle complex enters the skin while aspirating	Y	N	
18. Continues advancing the catheter/needle complex while aspirating until peritoneal fluid is aspirated	Y	N	<ul> <li>Stops advancing the needle once peritoneal fluid is obtained</li> <li>Pulls off enough fluid for diagnostic studies</li> </ul>
19.Advances the catheter over the needle until it is flush with the skin and withdraws the needle syringe unit	Y	N	
20.Maintains sterile technique	Y	N	<ul> <li>Does not contaminate sterile field with unsterile equipment</li> <li>Keeps gloved hands sterile up until tubing is accessed</li> </ul>
21.Connects the tubing to a 1 liter vacuum container or the vacuum apparatus connected to low wall suction	Y	N	
22. Withdraws catheter when drainage stops	Y	N	
23.Places dressing	Y	N	
24.Positions the patient with area up	Y	N	
25.Send fluid for diagnostic studies	Y	N	Always sends for cell count
26.Cleans up	Y	N	<ul> <li>Caps needles by sliding needle into cap on table using one hand, secures cap in place only once sure it is over the needle or</li> <li>Directly disposes of uncapped needles in sharps container</li> </ul>

II. Global Skills Assessment Scale										
1	2		3	4						
Novice	Advanced Begin	Able		Proficient						
Early stage of learning	Skills have become	A solid performer as		Skills are well developed						
where skills are learned	and the movements	indicated by quick,		and the individual can						
through imitation and/or	performed with s	accurate and highly		modify movement						
trial and error; unsure of	confidence, but	coordinated performance		patterns to address						
next steps	refinement			difficult or new						
					situations					
III. Entrustment Scale: At what level do you entrust the resident to perform paracentesis?										
1	2	3		4		5				
Critical Deficiencies: Can	Able to perform the	Able to perform the		Able to perform the		Able to				
observe the procedure	procedure under	procedure with		procedure without		supervise or				
only, needs re-training	direct supervision	supervision available		any supervision		instruct others				
before performing on live		in mir	nutes (i.e.			learning the				
patients	operate		s smoothly,			procedure				
	but may no		need to call							
		for	help)							
Final Score: Checklist Global Entrustment										
[For Reference: Minimum Passing Standard: 19/26 Checklist 2 Global 2 Entrustment										
Unsupervised Practice Standard: 23/26 Checklist 3 Global 4 Entrustment]										

<sup>&</sup>lt;sup>a</sup>Items in italics denote essential steps that if not done result in automatic fail