

**Procedure Types Count**

| Procedure:  | Total: | Performed: | Verified: | Certified Date: |
|---|--------|------------|-----------|-----------------|
| Airway Management (endotracheal intubation)             |        | 26         | 26        | 2 --            |
| Arterial Line   |        | 8          | 8         | 2 --            |
| Central Line Replacements - Any Site                    |        | 2          | 2         | --              |
| Central venous catheter placement                       |        | 16         | 16        | 1 --            |
| Fiberoptic bronchoscopy                                 |        | 69         | 69        | 1 --            |
| PleurX catheters  |        | 1          | 1         | 1 --            |
| Subclavian - Central Line Insertion Controlled Elective |        | 2          | 2         | --              |
| Thoracentesis   |        | 11         | 11        | --              |
| Thoracostomy tube placement                             |        | 3          | 3         | 1 --            |
| Transbronchial Biopsy                                   |        | 4          | 4         | --              |

**Diagnosis/Indications Count**

| Diagnosis/Indication: | Total: |
|-----------------------|--------|
| (none)                |        |