

Procedure Types Count

Procedure:	Total:	Performed:	Verified:	Certified Date:
Airway Management (endotracheal intubation)		13	13	12 --
Arterial Line		9	9	7 --
Arterial Puncture/Arterial Line (REQUIRED)		7	7	7 --
Arthrocentesis (not required)		1	1	1 --
Central Line Insertion - FEMORAL (not required)		3	3	3
Central Line Insertion - INTERNAL JUGULAR (not required)		9	9	5
Central Line Replacements - Any Site		1	1	1 --
Central venous catheter placement		1	1	1 --
Central Venous Line Placement - INTERNAL JUGULAR - PRIOR TO JUNE 2016 (not required)		3	3	3 --
Femoral - Central Line Insertion Controlled Elective		1	1	--
Femoral - Central Line Insertion Controlled Elective		4	4	2 --
Fiberoptic bronchoscopy		65	65	49 --
Hand-Off (REQUIRED)		4	4	4 --
Internal Jugular - Central Line Insertion Controlled Elective		13	13	10 --
Internal Jugular - Central Line Insertion Controlled Elective (Expedited)		1	1	
Mini-CEX (REQUIRED)		6	6	6 --
Paracentesis (not required)		3	3	3 --
Pelvic Exam/PAP Smear/Endocervical Culture (REQUIRED)		6	6	4 --
Peripheral IV (REQUIRED)		5	5	--
Subclavian - Central Line Insertion Controlled Elective		1	1	--
Thoracentesis		3	3	2 --
Transbronchial Biopsy		6	6	5 --
Venous Blood Draw (REQUIRED)		5	5	--

Diagnosis/Indications Count

Diagnosis/Indication:	Total:
(none)	