

VCU Neurology Residency
Lumbar Puncture Evaluation Form

Resident Name: _____

Supervisor: _____

Date: _____

Please check the appropriate rating for each criterion.

Performance Criteria	Competent	Needs Improvement, NOT competent
Prepares Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Prepares Self	<input type="checkbox"/>	<input type="checkbox"/>
Prepares Patient – Explains Procedure. Obtains consent	<input type="checkbox"/>	<input type="checkbox"/>
Performs time out	<input type="checkbox"/>	<input type="checkbox"/>
Positions patient correctly	<input type="checkbox"/>	<input type="checkbox"/>
Selects appropriate puncture site – can explain choice	<input type="checkbox"/>	<input type="checkbox"/>
Marks site	<input type="checkbox"/>	<input type="checkbox"/>
Performs the procedures under sterile precautions	<input type="checkbox"/>	<input type="checkbox"/>
Swabs site correctly	<input type="checkbox"/>	<input type="checkbox"/>
Injects local anesthetic correctly	<input type="checkbox"/>	<input type="checkbox"/>
Inserts needle perpendicular to plane of back into appropriate space	<input type="checkbox"/>	<input type="checkbox"/>
Is able to correct self if needle misplaced	<input type="checkbox"/>	<input type="checkbox"/>
Measures CSF opening pressure accurately	<input type="checkbox"/>	<input type="checkbox"/>
Collects specimens and handles them correctly	<input type="checkbox"/>	<input type="checkbox"/>
Measures CSF closing pressure accurately	<input type="checkbox"/>	<input type="checkbox"/>
Removes needle and disposes of it safely	<input type="checkbox"/>	<input type="checkbox"/>
Completes documentation	<input type="checkbox"/>	<input type="checkbox"/>
Ensures patient comfort and safety prior to be discharged from clinic.	<input type="checkbox"/>	<input type="checkbox"/>