

**STUDENT PROCEDURE LOG**  
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**PROCEDURE: VENIPUNCTURE FOR SAMPLING OF PERIPHERAL BLOOD**

Student Name \_\_\_\_\_

<b>Date mm/dd/yy</b>	<b>Patient medical record number</b>	<b>Hospital or clinic site</b>	<b>Printed name of faculty or resident supervisor</b>	<b>*Signature of faculty-resident supervisor</b>

**\*Your signature attests that you supervised the student in the performance of the procedure.**

Students are required to have successful experience with at least three procedures to meet the procedural experience requirement.

Submitted on (date) \_\_\_\_\_

**Note to supervisors: Medical students are required to have experience in the performance of some core procedures, including this one. This experiential requirement does not imply competence to perform such procedures independently. The clerkship directors supply the procedure indications/contraindications and technique components listed below for your information.**

Indications: obtain venous blood for diagnostic testing

Contraindications: severe bleeding disorder

Technique:

1. Prepare any necessary ancillary equipment and needle
2. Select appropriate vein at intravenous site, apply tourniquet
3. Prep skin
4. Stabilize vein
5. Puncture skin and enter vein
6. Identify entry into vein by blood return
7. Release tourniquet
8. Apply pressure and sterile dressing

RWJMS-Piscataway/New Brunswick students' forms should be sent to: Office of Education, Room N-119 or N-120, 675 Hoes Lane, Piscataway, NJ 08854

RWJMS-Camden students' forms should be sent to: Office of Academic and Student Affairs, Education and Research Building, Suite 154, 401 Haddon Avenue, Camden, NJ 08103

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**PROCEDURE: PERIPHERAL INTRAVENOUS CANNULATION**

Student Name \_\_\_\_\_

<b>Date mm/dd/yy</b>	<b>Patient medical record number</b>	<b>Hospital or clinic site</b>	<b>Printed name of faculty or resident supervisor</b>	<b>*Signature of faculty-resident supervisor</b>

**\*Your signature attests that you supervised the student in the performance of the procedure.**

Students are required to have successful experience with at least three procedures to meet the procedural experience requirement.

Submitted on (date) \_\_\_\_\_

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Indications: venous access for administration of fluids or medications

Technique:

1. Prepare any necessary ancillary equipment and needle
2. Select intravenous site and appropriate vein
3. Apply tourniquet
4. Prep skin
5. Stabilize vein
6. Puncture skin and enter vein
7. Identify entry into vein by blood return
8. Advance cannula
9. Release tourniquet
10. Attach tubing and start infusion
11. Apply dressing

Complications: Hematoma, phlebitis, infiltration, sepsis

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**PROCEDURE: BLADDER CATHETERIZATION: MALE**

Student Name \_\_\_\_\_

Date mm/dd/yy	Patient medical record number	Hospital or clinic site	Printed name of faculty or resident supervisor	*Signature of faculty-resident supervisor

**\*Your signature attests that you supervised the student in the performance of the procedure.**

Students are required to have successful experience with at least three procedures to meet the procedural experience requirement.

Submitted on (date) \_\_\_\_\_

**Note to supervisors: Medical students are required to have experience in the performance of some core procedures, including this one. This experiential requirement does not imply competence to perform such procedures independently. The clerkship directors supply the procedure indications/contraindications and technique components listed below for your information.**

Indications: monitor urine output, drain bladder, obtain urine

Technique:

1. Position patient
2. Retract foreskin, prep and drape penis
3. Using sterile technique, lubricate distal catheter
4. Insert and advance catheter until urine return confirms position in bladder
5. Inflate balloon and position catheter
6. Connect to closed system for drainage; tape tubing

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**PROCEDURE:   BLADDER CATHETERIZATION: FEMALE**

Student Name \_\_\_\_\_

<b>Date mm/dd/yy</b>	<b>Patient medical record number</b>	<b>Hospital or clinic site</b>	<b>Printed name of faculty or resident supervisor</b>	<b>*Signature of faculty-resident supervisor</b>

**\*Your signature attests that you supervised the student in the performance of the procedure.**

Students are required to have successful experience with at least three procedures to meet the procedural experience requirement.

Submitted on (date) \_\_\_\_\_

**Note to supervisors: Medical students are required to have experience in the performance of some core procedures, including this one. This experiential requirement does not imply competence to perform such procedures independently. The clerkship directors supply the procedure indications/ contraindications and technique components listed below for your information.**

Indications: monitor urine output, drain bladder, obtain urine

Technique:

1. Position patient
2. Expose meatus
3. Using sterile technique, prep and drape labia and urethral orifice
4. Maintaining sterility, lubricate catheter tip
5. Insert catheter and advance until urine return indicates position in bladder
6. Inflate balloon and position catheter
7. Connect to close system for drainage, tape tubing

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**STUDENT PROCEDURE LOG**  
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**PROCEDURE: SUTURING**

Student Name \_\_\_\_\_

Date mm/dd/yy	Patient medical record number	Hospital or clinic site	Printed name of faculty or resident supervisor	*Signature of faculty-resident supervisor

**\*Your signature attests that you supervised the student in the performance of the procedure.**

Students are required to have successful experience with at least three procedures to meet the procedural experience requirement.

Submitted on (date) \_\_\_\_\_

**Note to supervisors: Medical students are required to have experience in the performance of some core procedures, including this one. This experiential requirement does not imply competence to perform such procedures independently. Your signature attests that you supervised the student in the successful performance of the procedure. The clerkship directors supply the procedure indications/ contraindications and technique components listed below for your information.**

Indications: wound requiring suture closure

Contraindications: contamination of wound, foreign body in wound, inadequate anesthesia

**Technique:**

1. Position patient comfortably and in such a way as to give satisfactory access to wound
2. Lay out materials and equipment for the entire procedure
3. Sterilely prep and drape field
4. Ensure adequate anesthesia
5. Demonstrate proper technique of handling tissues with minimal trauma
6. Debride any devitalized tissue
7. Select proper suture materials and needles
8. Demonstrate proper technique of placing sutures, including using proper type of stitch for particular layer of tissue being approximated
9. Approximate appropriate tissue planes without undue tension
10. Apply appropriate dressing to closed wound
11. Give patient appropriate instructions for care of wound
12. Clean up

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