**TAP 2018**

**SUMMARY OF SENTINEL INTERVENTIONS**

|  |  |
| --- | --- |
| Trainee Name |  |
| IBTPHEM Number |  |
| Programme |  |
| Expected date of completion |  |

Please indicate in the grid below the number of sentinel interventions completed during your entire PHEM sub-specialty training. This is for monitoring of exposure and guidance for the TAP and IBTPHEM only. It is not a requirement for successful completion of PHEM sub-specialty training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Pre-hospital Emergency Anaesthesia** | | **Procedural Sedation** | |
|  | **Adult** | **Paediatric** | **Adult** | **Paediatric** |
| Phase 1 | Trauma |  |  |  |  |
| Medical |  |  |  |  |
| Phase 2 | Trauma |  |  |  |  |
| Medical |  |  |  |  |
| Total |  |  |  |  |  |

I confirm that I have undertaken all of the above interventions myself as part of the PHEM sub-specialty training.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signed |  |

|  |  |
| --- | --- |
| Date |  |