

## Initiation of Peripheral Intravenous (IV) Catheter

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Evaluator Signature: 1<sup>st</sup> attempt \_\_\_\_\_ Date: \_\_\_\_\_  Satisfactory\*  Unsatisfactory^

Evaluator Signature: 2<sup>nd</sup> attempt \_\_\_\_\_ Date: \_\_\_\_\_  Satisfactory\*  Unsatisfactory^

Evaluator Signature: 3<sup>rd</sup> attempt \_\_\_\_\_ Date: \_\_\_\_\_  Satisfactory\*  Unsatisfactory^

**\*\* Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<p><b><u>Assessment</u></b></p> <p>1. Avoid distractions</p> <p>2. Check physician's order for accuracy.</p> <p style="margin-left: 20px;">a. Date</p> <p style="margin-left: 20px;">b. Patient name</p> <p style="margin-left: 20px;">c. Identify order for initiation of peripheral intravenous catheter</p> <p style="margin-left: 20px;">d. Time of initiation (example: immediately, preoperatively)</p>			
<p>3. <b>**Check patient allergies: sensitivity to latex and tape.</b></p>			
<p><b><u>Planning</u></b></p> <p>4. Identify expected outcomes: special nursing considerations, appropriate selection of venipuncture site, frequency/duration of intravenous use, specific patient conditions (avoidance of extremity related to mastectomy, fistula, lymphedema, stroke).</p>			
<p>5. Identify what teaching you might need to provide to the patient.</p>			
<p>6. Assemble equipment and supplies</p> <p style="margin-left: 20px;">a. MAR</p> <p style="margin-left: 20px;">b. IV insertion kit</p> <p style="margin-left: 20px;">c. Several IV access devices/catheters</p> <p style="margin-left: 20px;">d. Gloves</p> <p style="margin-left: 20px;">e. Saline lock device and saline vial.</p>			
<p><b><u>Implementation</u></b></p> <p>7. <b>**Perform hand hygiene</b></p>			
<p>8. Verify patient and order.</p> <p style="margin-left: 20px;">a. State the <b>**6</b> rights of medication administration using the MAR.</p> <p style="margin-left: 20px;">b. Read MAR to verify the order for initiation of peripheral IV catheter <b>** (first check)</b></p>			
<p>9. Before entering patient's room:</p> <p style="margin-left: 20px;">a. Check all equipment (expiration dates, clean/dry packaging)</p> <p style="margin-left: 20px;">b. Prime saline lock tubing with 0.9NS. Check expiration date on NaCl vial.</p> <p style="margin-left: 20px;">c. Perform <b>** (second check)</b> of order for initiation of peripheral IV.</p>			
<p>10. Upon entering room:</p> <p style="margin-left: 20px;">a. <b>**Perform hand hygiene</b></p> <p style="margin-left: 20px;">b. Be aware of your spatial safety and have a call light within reach</p> <p style="margin-left: 20px;">c. Identify self</p> <p style="margin-left: 20px;">d. <b>**Confirm the patient's identity using at least two patient identifiers according to facility policy. <b>** (third check)</b></b></p> <p style="margin-left: 20px;">e. <b>**Identify patient using two forms of identification (i.e., Name, birth date, medical record number) while comparing administration record to patient wrist band.</b></p> <p style="margin-left: 20px;">f. <b>**Ask patient if he or she has any allergies</b></p> <p style="margin-left: 20px;">g. Ensure privacy</p> <p style="margin-left: 20px;">h. Explain what is about to occur.</p> <p style="margin-left: 20px;">i. Allow for the patient to ask questions.</p> <p style="margin-left: 20px;">j. Raise bed to comfortable working height.</p>			

<p>11. Perform Procedure</p> <ol style="list-style-type: none"> <li>a. Select puncture site</li> <li>b. Place arm in a dependent position. Verbalize use of warm pack for 5-10 minutes, as needed.</li> <li>c. Apply tourniquet about 4-6 inches above the intended puncture site. Check for distal pulse.</li> <li>d. Anchor the chosen vein and lightly palpate vein for vein dilation.</li> <li>e. Release tourniquet</li> <li>f. Don gloves</li> <li>g. Clean the site for at least 30 seconds. Allow antiseptic to dry</li> <li>h. Reapply the tourniquet.</li> <li>i. Using non-dominant hand, stretch the skin taut below the intended puncture site to stabilize vein.</li> <li>j. Grasp the venous access cannula and tell the patient that you are about to insert the device.</li> <li>k. Aggressively push the needle directly through the patient's skin and into the vein in one motion.</li> <li>l. Check the flashback chamber for blood return.</li> <li>m. Level the insertion device slightly and advance the device 2-3mm.</li> <li>n. Remove the tourniquet while grasping the cannula hub to hold it in the vein.</li> <li>o. Withdraw the needle (engage needle safety lock), and immediately attach the primed saline lock tubing to the hub.</li> <li>p. Instill 2ml of saline into the saline lock, observing for patency.</li> <li>q. Secure the catheter by taping, using the U-method.</li> <li>r. Apply a transparent semipermeable dressing.</li> <li>s. Label the site: the type and gauge of the catheter, the date/time of insertion, and RN initials.</li> <li>t. Discard used supplies in appropriate receptacles.</li> <li>u. Remove gloves and perform hand hygiene.</li> </ol>			
<p>12. Instruct patient to report any pain, redness, drainage, or swelling that may occur at the site.</p>			
<p>13. Prior to leaving the room</p> <ol style="list-style-type: none"> <li>a. Check for appropriate disposal of used materials</li> <li>b. Position patient comfortably</li> <li>c. <b>**Lower bed</b></li> <li>d. Raise appropriate rails</li> <li>e. Leave call light and belongings within patient's reach</li> <li>f. <b>**Perform hand hygiene</b></li> </ol>			
<p>14. <b>**Correctly record procedure on MAR or IV record:</b></p> <ol style="list-style-type: none"> <li>a. IV site, catheter gauge</li> <li>b. Date and time started</li> <li>c. Signature and initials</li> </ol>			
<p><b><u>Evaluation</u></b></p> <p>15. Verbalize need to return to patient's room to reassess the site.</p>			

**\*S = Satisfactory, ^U = Unsatisfactory**

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