Initiation of Peripheral Intravenous (IV) Catheter

Student Name: ___________________________ Students Signature: ___________________________

Evaluator Signature: 1st attempt __________ Date: ___________ □ Satisfactory* □ Unsatisfactory^

Evaluator Signature: 2nd attempt __________ Date: ___________ □ Satisfactory* □ Unsatisfactory^

Evaluator Signature: 3rd attempt __________ Date: ___________ □ Satisfactory* □ Unsatisfactory^

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

<table>
<thead>
<tr>
<th>PERFORMANCE BEHAVIORS</th>
<th>S*</th>
<th>U^</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>Assessment</strong></td>
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<tr>
<td>1. Avoid distractions</td>
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<td>2. Check physician’s order for accuracy.</td>
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<tr>
<td>a. Date</td>
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<tr>
<td>b. Patient name</td>
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<tr>
<td>c. Identify order for initiation of peripheral intravenous catheter</td>
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<td>d. Time of initiation (example: immediately, preoperatively)</td>
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<td>3. **Check patient allergies: sensitivity to latex and tape.</td>
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<td><strong>Planning</strong></td>
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<td>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).</td>
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<td><strong>Implementation</strong></td>
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<td>7. **Perform hand hygiene</td>
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<td>8. Verify patient and order.</td>
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<td>a. State the **6 rights of medication administration using the MAR.</td>
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<td>b. Read MAR to verify the order for initiation of peripheral IV catheter **(first check)</td>
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<td>9. Before entering patient’s room:</td>
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<td>a. Check all equipment (expiration dates, clean/dry packaging)</td>
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<td>b. Prime saline lock tubing with 0.9NS. Check expiration date on NaCl vial.</td>
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<td>c. Perform **(second check) of order for initiation of peripheral IV.</td>
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<td>10. Upon entering room:</td>
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<td>a. **Perform hand hygiene</td>
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<td>b. Be aware of your spatial safety and have a call light within reach</td>
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<td>c. Identify self</td>
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<td>d. **Confirm the patient’s identity using at least two patient identifiers according to facility policy. **(third check)</td>
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<td>e. **Identify patient using two forms of identification (i.e., Name, birth date, medical record number) while comparing administration record to patient wrist band.</td>
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<td>f. **Ask patient if he or she has any allergies</td>
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<td>g. Ensure privacy</td>
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<td>h. Explain what is about to occur.</td>
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<td>i. Allow for the patient to ask questions.</td>
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<td>j. Raise bed to comfortable working height.</td>
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11. Perform Procedure
   a. Select puncture site
   b. Place arm in a dependent position. Verbalize use of warm pack for 5-10 minutes, as needed.
   c. Apply tourniquet about 4-6 inches above the intended puncture site. Check for distal pulse.
   d. Anchor the chosen vein and lightly palpate vein for vein dilation.
   e. Release tourniquet
   f. Don gloves
   g. Clean the site for at least 30 seconds. Allow antiseptic to dry
   h. Reapply the tourniquet.
   i. Using non-dominant hand, stretch the skin taut below the intended puncture site to stabilize vein.
   j. Grasp the venous access cannula and tell the patient that you are about to insert the device.
   k. Aggressively push the needle directly through the patient’s skin and into the vein in one motion.
   l. Check the flashback chamber for blood return.
   m. Level the insertion device slightly and advance the device 2-3mm.
   n. Remove the tourniquet while grasping the cannula hub to hold it in the vein.
   o. Withdraw the needle (engage needle safety lock), and immediately attach the primed saline lock tubing to the hub.
   p. Instill 2ml of saline into the saline lock, observing for patency.
   q. Secure the catheter by taping, using the U-method.
   r. Apply a transparent semipermeable dressing.
   s. Label the site: the type and gauge of the catheter, the date/time of insertion, and RN initials.
   t. Discard used supplies in appropriate receptacles.
   u. Remove gloves and perform hand hygiene.

   12. Instruct patient to report any pain, redness, drainage, or swelling that may occur at the site.

   13. Prior to leaving the room
      a. Check for appropriate disposal of used materials
      b. Position patient comfortably
      c. **Lower bed
      d. Raise appropriate rails
      e. Leave call light and belongings within patient’s reach
      f. **Perform hand hygiene

   14. **Correctly record procedure on MAR or IV record:
      a. IV site, catheter gauge
      b. Date and time started
      c. Signature and initials

   Evaluation
   15. Verbalize need to return to patient’s room to reassess the site.

*S = Satisfactory,  ^U = Unsatisfactory

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