

Adult Intravenous Access Insertion Competency

Staff Member: _____
Start Date of Competency: _____

Job Title: _____
Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	<ul style="list-style-type: none"> Organization Policy and Procedure
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Knowledge				
<ul style="list-style-type: none"> Staff verbalize understanding of the following: <ul style="list-style-type: none"> Infection Control practices during procedure Criteria for use of intravenous access Criteria for selection of proper gauge and type of access device Signs and symptoms of infection and infiltration of access device 	D S T V			
Pre-Procedure				
<ul style="list-style-type: none"> Verifies physician's order for peripheral IV and fluids 	D S T V			
<ul style="list-style-type: none"> Checks record for allergies 	D S T V			
Set Up				

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
• Gathers and prepares appropriate equipment before venipuncture	D S T V			
• Identifies patient using two identifiers	D S T V			
• Introduces self and explains procedure to patient	D S T V			
• Assess extremities for appropriate placement and device with regard to the procedure. Identify contraindications for an insertion including: <ul style="list-style-type: none"> o dialysis access site o history of mastectomy o history of trauma or impaired venous drainage to extremity o prior history of IV complication o frail, fragile vein 	D S T V			
• Performs hand hygiene	D S T V			
Procedure				
• Applies gloves	D S T V			
• Applies tourniquet 4-6 inches above proposed insertion site.	D S T V			
• Cleanses area without subsequent contamination	D S T V			
• Successfully performs venipuncture.	D S T V			
• Anchor vein by placing thumb over vein beneath insertion site and by stretching skin against the direction of the insertion site. Warn patient of forthcoming stick. Perform venipuncture while holding catheter at 10-to-30-degree angle with bevel pointed upwards.	D S T V			
• Confirm blood return in flashback chamber and advance needle several mm into vein. Gently advance catheter into the vein while removing the stylet. Release tourniquet and activate safety.	D S T V			

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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> Connect tubing to IV hub. Open stopper and infuse fluids as ordered or flush with normal saline. 	D S T V			
Post-Procedure				
<ul style="list-style-type: none"> Apply Tegaderm to secure hub. 	D S T V			
<ul style="list-style-type: none"> Place stylet in sharps container. Remove gloves and perform hand hygiene. 	D S T V			
<ul style="list-style-type: none"> Documents IV insertion and fluids. 	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member: _____ **Date:** _____

Signature of Preceptor: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Notes:

