PERIPHERAL IV START COMPETENCY CHECK-OFF

NAME: ___________________
UNIT: ___________________
DATE: ___________________

□ Instructions completed via resource guidelines
□ Successful IV start on practice arm/vein block completed
  Date: __________  Preceptor: ____________________________

Successful IV start ON PATIENT following criteria below. Clinical supervision by preceptor until able to perform IV start independently.

Patient #1 □  Date _________  Preceptor  ______________________
Patient #2 □  Date _________  Preceptor  ______________________
Patient #3 □  Date _________  Preceptor  ______________________

I. **Patient Education and Assessment**
   A. Verify patient’s identity using two identifiers
   B. Inform patient of purpose for IV therapy, benefits, management, and potential complications
   C. Position patient appropriately

II. **Preparation Prior to Venipuncture**
   A. Wash hands
   B. Assemble supplies (IV start kit, IV catheter, T-connector or short extension set, prefilled syringe with preservative-free normal saline)
   C. Don exam gloves
   D. Assess specific situation and selects appropriate cannula (type and size)
      1. Appropriate cannula gauge for type, rate, and viscosity of fluids, size of vein lumen
      2. Appropriate cannula gauge for duration of therapy and condition of veins
      3. Uses smallest, shortest cannula that will accommodate the therapy needed

III. **Performance of Venipuncture**
   A. Apply tourniquet
   B. Assessment and Selection of vein
      1. Assesses condition, stability, depth and size of veins and differentiates from artery
         a. Effectively distends veins (tourniquet, make fist, arm dependent, etc.)
         b. Effectively assesses veins by visual inspection, palpation, and patient reporting
         c. Chooses appropriate vein (condition of vein, cannula size)
      2. Considers specific patient condition/history in vein selection:
         a. Demonstrates knowledge of injury/disease may prevent use of an extremity (mastectomy, dialysis shunt, infection, trauma, etc.)
         b. Does not use mastectomy arm or arm with AV fistula. **Must have MD order.**
         c. If poor circulatory status, consider more central placement rather than distal
3. Considers type, rate, and duration of therapy in selection:
   a. Considers distal site for long term therapy
   b. Considers larger vein for blood administration, viscous fluids, irritating medications, rapid administration or hemodynamically unstable patients
   c. Avoids hand, antecubital or wrist veins for administration of vesicant or caustic agents if possible
   d. Avoids use of cephalic veins in dialysis patients if possible
4. Considers patient comfort, age, mental status and activity level
   a. Provides freedom of movement if possible
   b. Avoids area of flexion when possible
5. Identifies veins suitable for IV therapy in order of preference
   a. Superficial areas of upper extremity from fingertips to shoulder acceptable
   b. Avoids foot or ankle veins in adults. (Requires MD order in general care areas)
   c. Order of preference (hand and lower arm, upper arm, antecubital fossa, and foot/ankle)
C. Preparation of venipuncture site:
   1. Remove excess hair from insertion site with scissors, if indicated. DO NOT shave.
   2. Reapply tourniquet above intended venipuncture site
   3. Cleanse skin with antiseptic using back-and-forth scrubbing motion and allow to dry.
   4. Stabilize vein below intended venipuncture site with nondominant hand.
   5. Insert catheter bevel-up, through skin, at approximately 30 degree angle.
   6. Observe for blood return within flashback chamber.
   7. Lower angle of catheter insertion to approximately 15 degrees, and continue to advance catheter into vein.
   8. Holding stylet steady, push catheter off stylet and into vein until catheter hub is situated against the skin.
   10. Occlude tip of catheter by pressing fingers of nondominant hand over approximate vein pathway to prevent retrograde bleeding.
   11. Remove stylet and engage safety mechanism.
   12. Sterile connection of t-connector or extension tubing to iv cannula.
   13. Secure iv catheter with sterile stabilization device, surgical tape, or steri strips.
   14. Dress iv site with transparent dressing.
   15. Label dressing with date, time, and initials.
   16. Dispose of needle in sharps container.