

## INTRAVENOUS INSERTION COMPETENCIES CHECKLIST

Date \_\_\_\_\_

Student \_\_\_\_\_ Evaluator \_\_\_\_\_

1.	<b>ASSESSMENT</b> Review record for doctor's orders stating type, amount of IV fluid, and rate of administration. State rationale for assessing allergies.
	Identify clients at risk for fluid/electrolyte imbalances that may require IV therapy. State signs and symptoms indicating fluid/electrolyte imbalances.
	Research composition of IV fluid, purpose for administration, potential incompatibilities, and side effects to monitor for.
	State methods for determining client's readiness and understanding of therapy and the procedure.
2.	<b>NURSING DIAGNOSIS</b> Cluster assessment data and state nursing diagnosis
3.	<b>PLANNING</b> State expected outcomes for completion of procedure. Explain rationales and expectations of the procedure and IV therapy to client and family. Identify accessible vein for placement of IV needle or catheter. Name the most appropriate veins used for peripheral IV insertion.
4.	<b>IMPLEMENTATION</b> Wash hands, gather and organize equipment on bedside/over-bed table. Prepare infusion set (check solution and prime tubing) label IV bag/bottle. Select the most distal site of the vein to be used (state rationale). If possible place extremity in dependent position. State additional methods to foster vein dilation.
	Place tourniquet 6-8 inches above the insertion site.
	Apply clean gloves. Eye protectors and mask may be worn.
	Cleanse insertion site according to agency policy using firm circular motion (middle to outward). <b>PERFORM VENIPUNCTURE –</b> Demonstrate how to anchor vein and stretch the skin, hold needle bevel up 20 –30 degree angle distal to actual insertion site. Puncture site and look for blood return (in tubing, flashback chamber, etc.) Lower needle and advance catheter – ONC ¼ inch, loosen stylet, advance catheter until hub rest at insertion site. Stabilize catheter, loosen tourniquet, remove stylet (don't recap). Connect adapter to locking device or infusion set, release roller clamp - for rate to maintain patency.
	Secure IV catheter/needle and adjust flow rate. Write date and time, gauge and catheter size, and placement of IV line on dressing. Dispose of needles in sharps container, discard supplies, and remove gloves and wash hands.
5.	<b>EVALUATION</b> State rationales for observing client every hour and common complications of IV therapy.
	Mastery achieved _____ First _____ Second _____ Third _____ Fourth _____ attempt