Intravenous (IV) Therapy Skill Checklist

Student Name: ____________________________ Course: ____________ Date: ____________

Instructor: ______________________ Overall Validation Grade: S or U (circle one)

Student Signature: __________________________________________________________

Directions: The checklist outlines actions that you will have to perform in order to successfully pass the IV therapy skill validation. Critical points are highlighted in bold. You will receive either a Satisfactory or Unsatisfactory for each section. If you receive an Unsatisfactory for a section, you will have to remediate and revalidate the entire skill.

<table>
<thead>
<tr>
<th>IV Validation</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checked physician’s order and gathered equipment and supplies. Introduced</td>
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<td>self, explained what procedure was to be done and why.</td>
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<td>2. Performed hand hygiene, following infection control measures, and verified</td>
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<td>client’s identity. Assessed for allergies (Latex, Tape, Antiseptics)</td>
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<td>3. Provided comfort and safety for client and self, including raising bed to</td>
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<td>appropriate height for procedure.</td>
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<td>4. Prepared client: Assisted the client to a comfortable position, either</td>
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<td>sitting or lying. Exposed the limb to be used but provided for client privacy.</td>
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<td>5. Selected venipuncture site:</td>
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<tr>
<td>A. Used client’s nondominant arm. Identified possible venipuncture sites by</td>
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<td>looking for veins that are relatively straight.</td>
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<td>B. Checked agency protocol about shaving if site is very hairy.</td>
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<td>C. Placed towel or bed protector under extremity to protect linens.</td>
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<td>6. Dilated the vein</td>
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<tr>
<td>A. Placed extremity in a dependent position.</td>
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<tr>
<td>B. Applied tourniquet firmly 15 to 20 cm (6 to 8 in.) above venipuncture site.</td>
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</tbody>
</table>
C. Explained that tourniquet may feel tight.
D. For elders, placed arm in dependent position and did not use a tourniquet.
E. If vein did not sufficiently dilate, massaged or stroked vein distal to site and in direction of venous flow toward heart. Encouraged client to clench and unclench fist.
F. Lightly tapped vein with fingertips.
G. If preceding steps failed to distend vein, removed tourniquet and wrapped the extremity in a warm, moist towel for 10 to 15 minutes.

7. Minimized insertion pain as much as possible using ice, transdermal analgesic creams or intradermal injection.

8. Applied clean gloves and cleaned venipuncture site.
   A. Cleaned skin at site of entry with a topical antiseptic swab.
   B. Used a back-and-forth motion for a minimum of 30 seconds to scrub the insertion site and surrounding area.
   C. Permitted solution to dry on skin.
   D. Prepare equipment aseptic technique (set aside catheter, tegaderm, flush the extension set tubing)

9. Inserted the catheter, and initiated the infusion.
   A. Removed catheter assembly from sterile packaging.
   B. Used nondominant hand to pull skin taut below entry site.
   C. Held the over-the-needle catheter at a 15- to 30-degree angle with needle bevel up, inserted catheter through skin and into vein.
   D. Once blood appeared in the lumen of the needle, lowered the angle of the catheter until almost parallel with the skin, and advanced the needle and catheter approximately 0.5 to 1
cm (about 1/4 in) further. Held needle assembly steady, advanced the catheter until the hub was at the venipuncture site.

E. If hematoma occurred, release tourniquet, removed needle, and applied pressure.

F. **Released the tourniquet.**

G. Put pressure on vein proximal to catheter to eliminate or reduce blood oozing out of catheter. Stabilized hub with thumb and index finger of nondominant hand.

H. Carefully removed stylet, engaged needle-safety device, and connect distal end of extension set tubing to the hub. Flushed catheter with sterile normal saline. Maintain sterility. Placed stylet directly into sharps container.

I. While maintaining sterility connect distal end of the extension set to the IV tubing. Initiated infusion as prescribed.

11. Dressed and labeled venipuncture site and tubing according to agency policy. **Applied Tegaderm dressing to secure the site.**

   A. Labeled dressing with date and time of insertion, type, gauge of catheter used, and nurse’s initials.

   B. Applied an IV site protector, if available.

   C. Looped any tubing and secured it with tape.

   D. Discarded tourniquet. Removed and discarded gloves.

12. Discarded all used disposable items in appropriate receptacles. Cleansed any blood spills according to agency policy.

13. Returned bed to lowest height. Removed gloves and performed hand hygiene.

14. Discontinuation of IV catheter
1. Stopped fluids infusion and disconnect IV extension set from the IV tubing, if fluids were infusing.
2. Pulled skin taut while removing dressing
3. Removed IV catheter and inspected the tip for integrity while applying pressure at the site based on patient assessment.
4. Disposed catheter appropriately

15. Documented procedure, assessment data, and client’s response.
   1. Date and Time
   2. Nurse
   3. Site Location
   4. Type/Size of catheter
   5. Number of attempts
   6. Dressing
   7. Solution
   8. Patient response
   9. Teaching