Competency: Ultrasound Guided PIV Starts & Blood Draws

Trainee: __________________________ Unit: __________ Preceptor__________________________

Print name/Initial

Competency Statement: The purpose of this competency validation is to ensure that Register Nurses trained for Ultrasound Guided peripheral IV placement and blood draws will be able to carry out their skills safely and proficiently to provide vascular access devices to patients with poor venous access.

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<tr>
<th>KEY</th>
<th>HOW STANDARDS ARE MET:</th>
<th>LEVELS OF EXPERIENCE</th>
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<tr>
<td></td>
<td>1. Review Policy</td>
<td>Little or no experience</td>
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<td></td>
<td>2. Direct Observation Video Review</td>
<td>Some experience (may require practice/assistance)</td>
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<td>3. Skills Lab</td>
<td>Competent and can perform independently</td>
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<td>4. Post Test</td>
<td>Competent, performs independently and able to assess competency of others</td>
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<td>5. Other (Specify)</td>
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Demonstrates proficiency in performing technical procedures safely in accordance with standard of practice and evidenced by criteria outlined in this checklist.

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<th>HOW MET</th>
<th>INITALS</th>
<th>STANDARDS</th>
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1. GATHERING OF EQUIPMENT

a) Portable Ultrasound (US) machine and gel.
b) IV supplies as per peripheral IV protocol.
c) Appropriate IV safety catheter.
d) Sterile US gel.
e) 2X2 gauze.
f) Local Anesthetic (optional).

2. PREPARATION FOR INSERTION

a) Educated patient about procedure.
b) Prepared as per standard PIV procedure.
c) Positioned US machine for clear view with patients arm in comfortable position.
d) Opened additional supplies; 2X2’s, sterile gel.
e) Drew up local anesthetic in labeled syringe and attach 25-30g needle (optional).

3. SITE SELECTION

a) Donned PPE.
b) Applied non-Latex tourniquet snugly on upper arm.
c) Assessed extremity for possible sites.
d) Considered range of motion/restricted movement in selecting sites. Avoid joints (wrist/elbow) if possible.
e) Depressed veins with probe to differentiate vessels.
f) Release tourniquet.

4. CATHETER SELECTION

a) Considered purpose and duration of therapy i.e. volume vs. multiple intermittent meds and/or isotonic fluids vs. phlebogenic drugs/solutions.
b) Ensured catheter length adequate that ½ of the catheter will reside in the lumen of the vessel. Considered the angle of approach when determining vessel depth.

5. SITE PREPARATION
a) Used friction and approved skin antisepsis scrub the selected site about 3 inches in Diameter for 30 sec and allowed to dry.
b) Reapplied tourniquet.
c) Prepared surface of transducer using chloraprep sponge (once prepped, did not allow probe to contact non-prepped areas.)
d) Applied a small amount of sterile gel above selected insertion site
e) Visualized vein with transducer and administered local anesthetic as per protocol (optional).

6. VENIPUNCTURE/INSERTION OF CATHETER:

a.) Removed cover of safety catheter and inspect catheter condition.
b.) Maintained sterility of catheter and integrity of prepared site during venipuncture.
c.) Used center mark of transducer aligned with vessel as guide, advanced catheter into target vessel while watching/guiding tip progress with US. Adjusted probe as needed, but did not overrun insertion site.
d.) Once a blood return was visualized, lowered angle of catheter and slid catheter off stylet into vessel to hub of catheter. If blood draw, used appropriate device.
e.) Activated safety device.
f.) Set aside transducer, and released tourniquet.
g.) Applied enough pressure above the end of the catheter to occlude it momentarily while attaching the extension set.
h.) Ensured good blood return.
i.) Slowly flushed with NS, observing for swelling, then close clamp on the connector.
j.) Wiped gel from around catheter using sterile 2X2’s.
k.) Applied transparent dressing to cover insertion site and catheter hub.
l.) Applied tape as needed to secure catheter/tubing.
m.) Wrote the date, type and gauge of catheter on the transparent dressing with a felt marker.

7. DOCUMENTATION

a) Documented IV site location and preparation, gauge of catheter, number of attempts, type of dressing, and numbing agent, in the medical record. Use of Ultrasound for guidance was included in note.

___________________________1st successful stick___________________________2nd successful stick___________________________3rd successful stick

Trainee Signature: ___________________________ Date: ______________

Validated By: ___________________________ Date: ______________