IV Insertion Checkoff

Critical elements are indicated by an asterisk (*) and must be performed satisfactorily to pass the check-off. Student missing more than 2 non-asterisk items will result in not passing the skill.

	SKILLS TO BE ASSESSED	S	U	COMMENTS
◉	Verify Healthcare Provider (HCP) prescription.	○	○	
◉	*Wash Hands	○	○	
◉	Identify self to the client as a student nurse.	○	○	
○	*Identify client with 2 verifiers.	○	◉	
◉	*Assess the client for allergies.	○	○	
◉	Explain procedure to client.	○	○	
◉	Open IV start Kit and apply tourniquet.	○	○	
◉	*Select vein and then release tourniquet within 2 minutes.	○	○	
○	Prepare supplies on clean surface.	○	◉	
◉	*Attach prefilled saline syringe to extension tubing and Prime tubing while maintaining aseptic technique.	○	○	
◉	Reapply tourniquet 4-6 inches above appropriate insertion site.	○	○	
◉	*Wash hands and apply clean gloves.	○	○	
◉	*Prepare site by cleaning with facility approved cleaning agent according to policy and allowing to air dry (no blowing or fanning).	○	○	
◉	*Insert needle (bevel up) and advance catheter into vein while holding needle still.	○	○	
◉	*Activate safety to retract needle while holding gentle pressure to vein above insertion site and maintaining aseptic technique. Dispose in sharps container.	○	○	

◉	*Stabilize catheter with non-dominant hand and attach prepared extension tubing while maintaining aseptic technique.	○	○	
◉	*Release tourniquet.	○	○	
○	*Flush IV catheter with 2-5mL of prefilled syringe of normal saline and observe for swelling.	◉	○	
◉	*Apply transparent dressing to occlude insertion site and secure extension tubing with tape.	○	○	
◉	Remove saline syringe from extension tubing and discard.	○	○	
◉	*Remove gloves and wash hands.	○	○	
◉	Label IV site dressing according to policy.	○	○	
◉	*Maintains aseptic technique and safety measures throughout procedure.	○	○	
◉	○ **Pass**	○ **Fail**	Comments:

Evaluator (signature/credentials):_____ Date: _____

Referral for Nursing Simulation/Laboratory Remediation

Contact Simulation Lab Faculty more than 24 hours in advance at Ext. 8660 or simlab@templejc.edu if unable to keep original appointment or need to reschedule.

Date and Time for Remediation: _____**

Summary of the areas for review including Nursing Assessment/Skill(s) to be practiced and any recommendations given to the student concerning the problem area.

○	Check off sheet/remediation form reviewed with student and copies provided to student.	◉ Yes	○ No

Student Signature:_____ Date: _____