

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

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<input type="radio"/>	*Stabilize catheter with non-dominant hand and attach prepared extension tubing while maintaining aseptic technique.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Release tourniquet.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Flush IV catheter with 2-5mL of prefilled syringe of normal saline and observe for swelling.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Apply transparent dressing to occlude insertion site and secure extension tubing with tape.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Remove saline syringe from extension tubing and discard.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Remove gloves and wash hands.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Label IV site dressing according to policy.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Maintains aseptic technique and safety measures throughout procedure.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> <b>Pass</b> <input type="radio"/> <b>Fail</b>	Comments:		
Evaluator (signature/credentials): _____ Date: _____				
<b>Referral for Nursing Simulation/Laboratory Remediation</b>				
<i>Contact Simulation Lab Faculty more than 24 hours in advance at Ext. 8660 or <a href="mailto:simlab@templejc.edu">simlab@templejc.edu</a> if unable to keep original appointment or need to reschedule.</i>				
<b>**Date and Time for Remediation: _____**</b>				
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.				
<input type="radio"/>	Check off sheet/remediation form reviewed with student and copies provided to student.	<input type="radio"/> Yes	<input type="radio"/> No	
Student Signature: _____ Date: _____				