

IV Removal Checkoff

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

	SKILLS TO BE ASSESSED	S	U	COMMENTS
<input type="radio"/>	Verify Healthcare Provider (HCP) prescription.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Wash hands.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Identify self to the client as a student nurse.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Verify client with 2 verifiers.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Assess the client for allergies.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Explain client regarding procedure.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Apply clean gloves.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Remove dressing and tape.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Place gauze over IV site: -- Apply gentle pressure while removing catheter	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Assess catheter tip for being intact.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Keep gauze in place and apply pressure until hemostasis is achieved.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	Secure gauze over site with tape.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Remove gloves and wash hands.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	*Maintains all safety measures throughout procedure.	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Pass <input type="radio"/> Fail	Comments:		

Evaluator (signature/credentials): _____ Date: _____

Referral for Nursing SimLab

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 Process Improvement: _____****

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/process improvement form reviewed with student and copies provided to student.	<input type="radio"/> Yes	<input type="radio"/> No
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Student Signature: _____ Date: _____