Contrast Administration Intravenous Route: Competency Assessment Tool

Instructions:

1. Clinical competency must be validated by a physician (i.e. radiologist, NM physician) or approved technologist designate (MRT) to be certified.
2. A physician delegate or approved technologist designate must complete the Clinical Skills Competency Assessment Tool.
3. This tool may be used during initial skill development; however, final competency must only be signed off after all skills are met with satisfaction by the assessor.
4. To maintain competency requirements, validation must be completed annually and/or after returning from a period of extended absence.
5. If competency requirements are not met after the first attempt, additional education under the guidance of a mentor should occur prior to re-assessment.
6. If a criteria is not met, please provide feedback in the comments section at the bottom of this document.
7. MRT's should be provided on-going support by way of mentorship, guidance and additional practice opportunities regardless of competency achievement.

Name: _____ **Date:** _____ **Site:** _____

The MRT did:	**Yes**	**No**
1 Check the radiologist order is clear & review **e**GFR-Lab work, complete and legible.	☐	☐
2. Check that the medication is for the right reason.	☐	☐
3. Perform patient identification, using 2 identifiers, as per LMMI Patient Identification and Time Out Policy.	☐	☐
4. Review screening form for allergies and contraindications and review requisition for patient history. Communicate any contraindications or concerns to the physician as needed prior to CEM imaging.	☐	☐
5. Explain procedure to the patient and provide the patient an opportunity to ask questions. Where required, have the radiologist answer patient's questions.	☐	☐
6. Confirm patient given the right to informed consent to the medication (contrast) administered.	☐	☐

The MRT did:	Yes	No
7. Perform a Patient Assessment: 1. Review Lab work prior to IV insertion. 2. Then perform patient physical assessment, attain patients weight and vitals where necessary.	☐	☐
8. Confirm physician is present in the department prior to medication (contrast) administration.	☐	☐
9. Perform hand hygiene.	☐	☐
10. Set contrast injector parameters.	☐	☐
11. Insert PIV as per the PIV training. If patient has a PIV, check patency prior to use.	☐	☐
12. Select medication (contrast) as per contrast training.	☐	☐
13. Set up injector rate and volume as per established protocol.	☐	☐
14. Inject contrast.	☐	☐
15. During contrast injection, assess patient for adverse reactions and check PIV site for signs of contrast extravasation.	☐	☐
16. Remove PIV. Post care instruction.	☐	☐
17. Document data in the radiology information system according to site-specific processes.	☐	☐
18. Document allergies as per health authority site-specific processes. Notify Radiologist. Document contrast related adverse events into the Patient Safety and Learning System. (PSLS).	☐	☐
19. Discharge patient if there are no adverse reactions to contrast.	☐	☐

Assessor Comments:

Physician to complete this section only if MRT has been deemed competent by the physician and is an approved technical designate to provide education and perform competency assessments on MRT's

Yes ☐

Physician Name: _____

Physicians Signature: _____ **Date:** _____

YYYY/MM/DD

Assessor (Check one)**:** ☐ **MD** ☐ **MRT**

Assessor Name: _____

Assessor Signature: _____ **Date:** _____

YYYY/MM/DD

EffectiveDate:	10-JUN-2022			
Posted Date:	10-JUN-2022			
Last Revised:	08-JUN-2022			
Last Reviewed:	08-JUN-2022			
ApprovedBy:	Lower Mainland Medical Imaging Executive Committee			
	08-JUN-2022			
Owners:	Mammography Regional Practice Lead, LMMI CT Regional Practice Lead, LMMI			
RevisionHistory:	**Version**	**Date**	**Description/ Key Changes**	**Revised By** (Name and Position)
	1.0	10-JUN-2022	Initial Release	Annemarie Budau- Mammography RPL Sean West – CT RPL