

# HOSPITAL CORPSMAN SKILLS BASIC (HMSB)

## Performance Check List (PCL)

Clinical Skill: Intravenous Therapy

Circle One: **Initial Evaluation** Re-Evaluation

Command: \_\_\_\_\_



Member's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Rank: \_\_\_\_\_

### Objective:

- Demonstrate appropriate selection and preparation of a vein based on prescribed use and type of IV therapy.
- Demonstrate preparation and perform IV insertion.
- Calculate flow rate.
- Discontinue IV therapy and document on appropriate forms.

### Safety Guidelines:

- Member will follow universal precautions and wear proper PPE
- Member will ensure all air is flushed from tubing
- All blood spills will be handled via command policy
- Dispose of needles and plastic catheters in the sharps containers
- Member **will not double stick** their patient
- Do not recap **ANY** needles
- Accidental needle sticks will be handled via command policy
- Evaluators will check the IV catheter upon removal to ensure catheter is intact
- Ensure a 1:1 Evaluator/member ratio

**Evaluator Assistance:** No more than three (3) evaluator assists are allowed. *Note: Evaluator Assist: Any assistance provided by the evaluator during the skill demonstration whether verbally or physically, which aids the member in the successful completion of the skill or the parts of the skill identified by the objective.*

### Performance Standard:

- Each member will initiate a peripheral IV line, perform an IV insertion, secure the infusion site, discontinue IV line and document procedure.
- All skills will be graded either **PASS/FAIL**. Member must complete **80%** of all parts with **no critical items (\*) missed**. Failure to successfully complete a critical item (\*) will result in a failure of the lab and remediation will be required.

**Condition:** Member and patient or groups of two (2) members

### Equipment:

- IV administration set
- IV solution: 1000mL/500mL/250mL NS
- Tourniquet
- IV catheter (various sizes)
- Tape
- Transparent dressing
- Marker/Pen
- 2x2 gauze
- Alcohol swabs
- Non-sterile gloves
- Chux pads
- DD 792/ SF 508/ SF 510/ SF 600
- IV pole

	START IV THERAPY	PASS	FAIL
1. * Verify the provider's order and calculate flow rate (cc/hr and gtts/min)			
2. * Identify patient using two patient identifiers			
3. * Perform hand hygiene			

4. * Explain procedure to patient		
5. Position patient		
6. Gather equipment		
7. * Ensure the six rights of medication safety: right medication, dose, time, route, patient, and documentation		
8. *Prepare IV bag & tubing -Check for clarity, leaks, particles and expiration date -Aseptically insert spike into IV bag port -Fill drip chamber 1/3-1/2 full -Remove protector cap at end of tubing, slowly open roller clamp, allow fluid to drip through tube, close roller clamp, and replace cap at end of tubing is clear or air and air bubbles		
9. Label IV bag & tubing * Type of solution hung * Date, time and the Corpsman's initials Apply a label to IV tubing that indicates either when tubing was hung		
10. Tear off three or four pieces of tape to secure IV tubing		
11. * Perform hand hygiene and don clean gloves		
12. * Don personal protective equipment		
13. Have patient place arms extended to form a straight line from shoulders to wrists		
14. Place absorbent pad or towel under arm		
15. *Apply a tourniquet 4 to 6 inches above the selected intravenous site		
16. Inspect the extremity distal to the tourniquet for the best intravenous site		
17. Instruct patient to make a fist, select a site and release the tourniquet		
18. Assemble and open supplies. Position on the non-dominant side		
19. *Reapply the tourniquet and relocate the vein		
20. *Cleanse the venipuncture site with an antiseptic swab moving in a circular motion out from the site, approximately 2 inches, allow it to dry completely		
21. *Open the IV cannula/safety catheter and inspect the tip		
22. Place the thumb or forefinger of the non-dominant hand on the vein 1 ½ to 2 inches below the site, and gently pull and stretch the patient's skin distal to the patient until it is taut		
23. *Insert catheter bevel up at a 10 to 30 degree angle in the direction of the vein		
24. Observe for blood return in flashback chamber of catheter		
25. * Lower catheter needle until almost flush with skin and advance catheter with non-dominant hand approximately ¼ inch further into vein		
26. *With non-dominant hand, advance catheter off the needle to thread catheter into vein until hub is almost at insertion site		
27. *While holding pressure over the vein above the IV site, release the tourniquet, disconnect needle from catheter		
28. * Place needle directly into sharps container		
29. * Remove the protective cap on the IV tubing, quickly connect end of the IV line to end of catheter and secure connection		
30. * Open the clamp to begin the infusion slowly & adjust flow rate		
31. * Observe the site for swelling or leaking, indicating that the site is not patent		
32. * Secure the infusion site with tape of transparent dressing		
33. Loop the IV tubing on the extremity and secure it to the skin with tape		
34. *Label dressing with date, time of IV insertion, catheter gauge size, and HM initials		
35. Discard supplies, remove gloves and PPE, and perform hand hygiene		
36. * Document the procedure on the SF 600 or SF 510 and DD Form 792		
<b>DISCONTINUE IV</b>	<b>PASS</b>	<b>FAIL</b>
1. *Verify the provider's order		

2. *Identify patient using two patient identifiers		
3. *Explain procedure to patient		
4. *Gather equipment		
5. * Perform hand hygiene and don clean gloves		
6. * Close IV tubing roller clamp		
7. Remove the dressing over the IV site and securing tape		
8. Assess site for any complication such as infiltration or phlebitis		
9. *Place clean sterile gauze above site and withdraw catheter, using a slow, steady motion.		
10. *Apply pressure to site		
11. Inspect catheter for intactness after removal; note tip integrity and length and discard		
12. *Apply clean folded gauze dressing over insertion site and secure with tape or apply an adhesive bandage strip		
13. *Document the procedure on the SF 600 or SF 510 and DD Form 792		

<b>Member Passed: ____/49</b>	<b>Calculated percentage:</b>
<b>Circle: PASS / FAIL</b>	<b>Evaluators Initials:</b>

**Print and sign below:**

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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