

# HOSPITAL CORPSMAN SKILLS BASIC (HMSB)

## Performance Check List (PCL)

Clinical Skill: **Intravenous Therapy**

Check 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 via command policy.**
- Member **will only have one chance to 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 skill and remediation will be required.

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

### Equipment:

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

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

4. * Explain procedure to patient		
5. * Perform hand hygiene		
6. Position patient		
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 tubing-spike into IV bag port -Fill drip chamber 1/3-1/2 full -Flush air from tubing		
9. * Label IV bag & tubing Type of solution hung Date, time and the Corpsman's initials Apply a label to IV tubing that indicates when tubing was hung		
10. Prepare materials to secure IV site and tubing (Tape/Tegaderm)		
11. * Perform hand hygiene and don PPE		
12. Have patient place arm extended to form a straight line from shoulders to wrists		
13. Place absorbent pad or towel under arm		
14. *Apply a tourniquet 4 to 6 inches above the selected intravenous site		
15. Inspect the extremity distal to the tourniquet for the best intravenous site		
16. Instruct patient to make a fist, select a site and release the tourniquet		
17. Assemble and open supplies. Position on the non-dominant side		
18. *Reapply the tourniquet and relocate the vein		
19. *Cleanse the site with an antiseptic swab moving in an outward circular motion from the site, approximately 2 inches, allow it to dry completely		
20. *Open the IV cannula/safety catheter and inspect the tip		
21. 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		
22. *Insert catheter bevel up at a 10 to 30 degree angle in the direction of the vein		
23. Observe for blood return in flashback chamber of catheter		
24. * Lower catheter needle until almost flush with skin and advance catheter with non-dominant hand approximately ¼ inch further into vein		
25. *With non-dominant hand, advance catheter off the needle to thread catheter into vein until hub is almost at insertion site		
26. *While holding pressure over the vein above the IV site, release the tourniquet, disconnect needle from catheter		
<b>**Member will place needle directly into sharps container or handle via command policy**</b>		
27. * Remove the protective cap on the IV tubing, quickly connect end of the IV line to end of catheter and secure connection		
28. * Open the clamp to begin the infusion slowly & adjust flow rate		
29. * Observe the site for swelling or leaking		
30. * Secure the infusion site with tape of transparent dressing		
31. Loop the IV tubing on the extremity and secure it to the skin with tape		
32. *Label dressing with date, time of IV insertion, catheter gauge size, and HM initials		
33. Discard supplies, remove gloves and PPE, and perform hand hygiene		
34. * Document the procedure on the SF 600 or local forms		
<b>DISCONTINUE IV</b>	<b>PASS</b>	<b>FAIL</b>
1. *Verify the provider's order		
2. Gather equipment		
3. *Identify patient using two patient identifiers		
4. *Explain procedure to patient		

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 it		
13. *Document the procedure on the SF 600 or local form		

<b>Member Passed: _____/47</b>	<b>Calculated percentage:</b>
<b>PASS:      FAIL:</b>	<b>Evaluators Initials:</b>

**Print and sign below:**

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

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

**Comments:**

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