**Employee Name:**  ­­­­­­­­­­­­­­­­­­­­­ **Employee ID #:** ­­­­­­­­ ­­­ \_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR).  The CVR requires a validator’s signature.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in*.) The competency statement is then initialed and dated as complete.

|  |  |
| --- | --- |
| **Competency Statement:** | Demonstrates maintenance, removal, and documentation of Teleflex Vasc Band radial hemostatic band.  |
| **Validator(s):** | Any RN who has been validated as competent on radial hemostatic band devices used at UVA Health. |
| **Validator Documentation Instructions:** | Validator documents method of validation (below) and initials each skill box once completed **and** places their full name, signature, and completion date at the end of the document.  |
| **Method of Validation:** |

|  |  |
| --- | --- |
| **DO** |  Direct Observation – Return demonstration or evidence of daily work. |
| T |  Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test. |
| S |  Simulation |
| C |  Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.  |
| **D** |  Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences. |
| R |  Reflection: A debriefing of an actual event or a discussion of a hypothetical situation. |
| QI |  Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed. |
| N/A |  If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.  |

 |
| **Validation Instructions:** |  |

| **Demonstrated Skill****Behaviors for Competency (Critical Behaviors in Bold)** | **Validation Method** | **Evaluator’s Initials** |
| --- | --- | --- |
| Gathers Supplies:* Gloves
* Goggles/Face mask or Face shield
* Pulse oximeter (applied to cannulated limb index finger/thumb)
* Sterile gauze
* Clear transparent dressing
* Arm board
 | DO |  |
| Dons personal protective equipment (PPE). | DO |  |
| Verbalizes monitoring and frequency required while band is in place. * Q 15 min; Site bleeding/hematoma, Cannulated limb O2 saturation, temperature, color, and capillary refill.
 | D |  |
| Verbalizes timing of vascular band removal.* Diagnostic procedure (Heparin < 50 u/kg): 1 hr
* Interventional procedure (Heparin > 50 u/kg): 2 hr
 | D |  |
| Elevates the patient’s wrist above elbow. | DO |  |
| Attach syringe and slowly removes 2 ml of air every 5 minutes until all air has been removed.* Keep finger on plunger whenever syringe is connected to prevent accidental removal of air from band.
 | DO |  |
| Verbalizes steps required if bleeding occurs before all air is removed.* Re-inject 1-2 ml of air, or the amount of air needed to achieve hemostasis.
* Wait 15-30 min and repeat steps above.
 | D |  |
| Waits 1 min after all the air is removed. | DO |  |
| Removes the Radial Hemostatic Band from the wrist. | DO |  |
| Places a sterile gauze and clear transparent dressing over the access site. | DO |  |
| Verbalizes transparent dressing should remain in place for 24hr.  | D |  |
| Verbalizes action to take if a re-bleed occurs after band removal.* Apply manual pressure to puncture site for minimum 5 min.
 | D |  |
| Applies arm board to affected limb.  | DO |  |
| Verbalizes timing arm board should remain in place. * Minimum 6 hr
* Maximum 24 hr
 | D |  |
| Verbalizes need to avoid obtaining BP in affected limb for 24 hr.  | D |  |
| Verbalizes monitoring and frequency required after band is removed. * Required monitoring includes:
	+ Vital signs
	+ Assess site for bleeding/hematoma
	+ Obtain cannulated limb O2 saturation, temperature, color, and capillary refill.
* Monitoring frequency: Q 15 min x 4, Q 30 min x 2, Q 1hr x 4 or until discharge, whichever is sooner.
 | D |  |
| Documents procedure in EHR (*Post-Catheter Removal Flowsheet)* | DO |  |
| Instructs patient not to manipulate wrist or lift > 10 lb (gallon of milk) for 48hr.  | D |  |

**Reference Table/Pictures if applicable:** N/A

*Competency Verified by:*

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

*Validator’s Name (printed*) *Validator’s signature*

**References:**

* Radial Hemostatic Band Removal Panel (EHR, EPIC Order Panel)
* Radial Artery Access Care After Percutaneous Coronary Intervention (Lippincott)
* Radial Arterial Sheath Removal (AACN Critical Care Procedure Manual)
* Product Brochure: <https://www.teleflex.com/usa/en/product-areas/interventional/vascular-access-closure/vasc-band-hemostat/Vasc_Band-Brochure_MC-004082_Rev_0.pdf>