Competency Verification Record (CVR)
UVA Health
Implanted Ports

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 proper technique in accessing, managing and de-accessing implanted ports**
Validator(s):	Unit-Based Super Trainers
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: (Required methods for this competency bold)	**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:	Unit-based Super Trainers will train each staff member using the training guide below. Method of validation: Direct Observation (DO); Simulation (S)* *Simulation to be used for areas that require the skill, but lack the frequency to meet needs of all staff

Demonstrated Skill **Behaviors for Competency (Critical Behaviors in Bold)**	**Method of Validation**	**Evaluator's Initials**
• Clinician assesses type of implanted port, clinical need to access, and appropriate non-coring needle type, size and length* (power port vs non-power port)		
• Assesses for need for local anesthetic (administers as prescribed)		
• Gathers supplies (access kit(s), needle(s), sterile gloves if not in kit)		
• Assesses skin overlying port and surrounding tissue including palpating/locating septum(s).		

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
• Opens supplies on a disinfected dry work surface		
• Masks self, patients, others in room		
• Positions patient to clear area around port site		
• Opens access needle(s) and sterile flush(es) and adds to sterile field		
• Cleanses hands, dons sterile gloves		
• Cleanses site with chloraprep		
• Disinfects with second chloraprep: scrub utilizing crosshatch/3 planes with friction (30 sec) and allow to dry		
• Primes access needle and needleless connector		
• Stabilizes port with non-dominant hand		
• Accesses site and confirm blood return and patency *Repeat steps if dual/double port		
• Identifies strategies if no blood return: identify any external obstruction (i.e. clamp not open), patient position change/raise arms, deep breath/cough. Notifies LIP if inability to obtain blood return.		
• Applies occlusive implanted port cover dressing. Utilize firm pressure to support sticking of adhesive border. Label dressing with date of access/application		

• RN verbalizes appropriate care and maintenance:
  o Non-coring needle changed every 7 days
  o Transparent dressing changed every 7 days with needle change or when dressing is non-occlusive or soiled (gauze/tape dressings every 48hrs)
  o In setting of CHG allergy, utilizes betadine/saline or isopropyl swabs with approach to begin at insertion site and move outward in concentric circles. Allow solution to completely dry.
  o Disinfects needleless connectors prior to access. If isopropyl cap in place, allow dwell time 1 min prior to access and change isopropyl cap each time it is removed. If no isopropyl cap, scrubs needleless connector for 15 seconds with friction and allow to dry.
  o Follows Standard Work: IV Bag/Tubing hang time and labeling
  o Administers locking solution as appropriate		

• De-accesses port per product information (within Nursing Policy: Implanted Intravenous Ports)
  o Removes cover dressing
  o Stabilizes port reservoir with non-dominant hand		

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
○ Grasp non-coring needle with dominant hand ○ Engage needle safety mechanism and discard		
• Document assessments, interventions and dressing changes in EMR		

Reference Table/Pictures if applicable:

Competency Verified by:

_____Date: _____

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

References:
Nursing Policy: Implanted Intravenous Ports
Nursing Policy: Central Line Catheters
Lippincott Procedures - Implanted port accessing (lww.com)
Lippincott Procedures - Implanted port flushing and locking (lww.com)
Lippincott Procedures - Implanted port noncoring needle removal (lww.com)
Lippincott Procedures - Implanted port accessing, pediatric (lww.com)
Lippincott Procedures - Implanted port flushing, pediatric (lww.com)
Lippincott Procedures - Implanted port, noncoring needle removal, pediatric (lww.com)