

**Removal of Peripheral IV
PCT Competency Verification Record
University of Virginia Health System**

Employee Name: _____ Employee ID #: _____ Date: _____

***Note:** This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; the Annual Competency Record is used to document competency. (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).*

Instructions:

Demonstrated Skill:	Evaluator's Initials
Confirm with RN: correct patient and location of IV to be removed and if patient is on anticoagulant meds	
Gather supplies: 2X2 sterile gauze and tape or Band-Aid	
Positively identify patient	
Explain procedure to patient	
Cleanse hands, apply gloves	
Carefully remove tape/dressing over peripheral IV	
Apply gauze over insertion site, remove IV cannula, and apply firm pressure X 30 – 60 seconds to stop any bleeding. If patient on anticoagulant meds, may need to hold pressure up to 5 minutes.	
Inspect cannula to confirm it is intact	
When bleeding has stopped, secure site with gauze/tape or Band-Aid	
Document removal of IV, location and patient response	

Competency Verified by:

Evaluator's Name (printed) Evaluator's signature Date: _____