

Competency Verification Record (CVR)

UVA Health

Peripheral IV Insertion

Employee Name: _____ **Employee ID #:** _____ **Date Due:** _____

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 preparation, safe insertion, and documentation of a peripheral IV catheter.	
Validator(s):	1. RN competent in peripheral IV Insertion. 2. RN competent in peripheral IV insertion from: <ul style="list-style-type: none"> • Interventional Radiology • IV Team • MET Team • Emergency Department • Ambulatory 	
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: (Place any required methods for this competency in bold)	DO	Direct Observation – Return demonstration or evidence of daily work.
	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a digital module (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:	<ul style="list-style-type: none"> • For staff who have never inserted IVs: requires 3 IVs successful IV insertions observed by a competent RN in peripheral IV insertion. • For staff who has experience inserting peripheral IVs in another facility: requires 1 IV successfully inserted observed by a competent RN in peripheral IV insertion. • Ambulatory CMA mandatory pre-requisite: Successful completion of IV insertion training at UVA Medical Center. 	

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/20/2022; 6/8/2023

Name of CVR: Peripheral IV Insertion

Date CVR Created: 03/18/2013; Revised: 07/24/17; 02/11/19; 10/4/19; 12/29/22; 6/8/23

Subject Matter Expert(s): Vascular Access Team

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials for Each Insertion		
		#1	#2	#3
A. Prepares self and Patient: <ul style="list-style-type: none"> • Educate patient regarding procedure and answer any questions the patient may have • Cleanse hands thoroughly • Don non-sterile examination gloves 				
B. Selects and prepares venipuncture site: <ul style="list-style-type: none"> • Verbalizes importance of using most distal site previous venipuncture site. • Verbalizes areas to avoid for venipuncture such as areas with compromised circulation; areas of infiltrate and/or extravasation; hardened or sclerosed areas. 				
C. Prepares supplies and selects appropriately sized catheter for situation and IV fluid.				
D. Prepares for venipuncture: <ul style="list-style-type: none"> • Verbalizes importance of PPE if splash or spray risk possible • Applies tourniquet • Disinfects site by scrubbing well with chlorhexidine swab for 30 seconds • Allows skin to dry without fanning or patting 				
E. Performs venipuncture: <ul style="list-style-type: none"> • Insert IV needle & catheter assembly with bevel up and in the direction of the vein at a 20-30 degree angle • Observe for blood return in the flashback chamber of the catheter • Lower the stylet & catheter until almost flush with skin. Advance the stylet & catheter far enough to ensure catheter entry into the vein • Continue to hold skin taut and advance only the catheter into the vein until hub of catheter rests at the venipuncture site • Stabilize catheter hub with one hand and release tourniquet with the other hand • Apply gentle pressure with index finger of non-dominant hand 1 ¼" above insertion site to occlude blood flow and stabilize catheter in vein • Retract the needle using the safety mechanism • Attach the previously flushed extension set and injection cap assembly to the catheter hub 				
F. Dresses IV site and secures catheter/extension set: <ul style="list-style-type: none"> • Applies approved dressing • Label dressing documentation strip with date, time, and initials of person placing IV and catheter size 				
G. Documents new PIV in the EMR under LDAs.				

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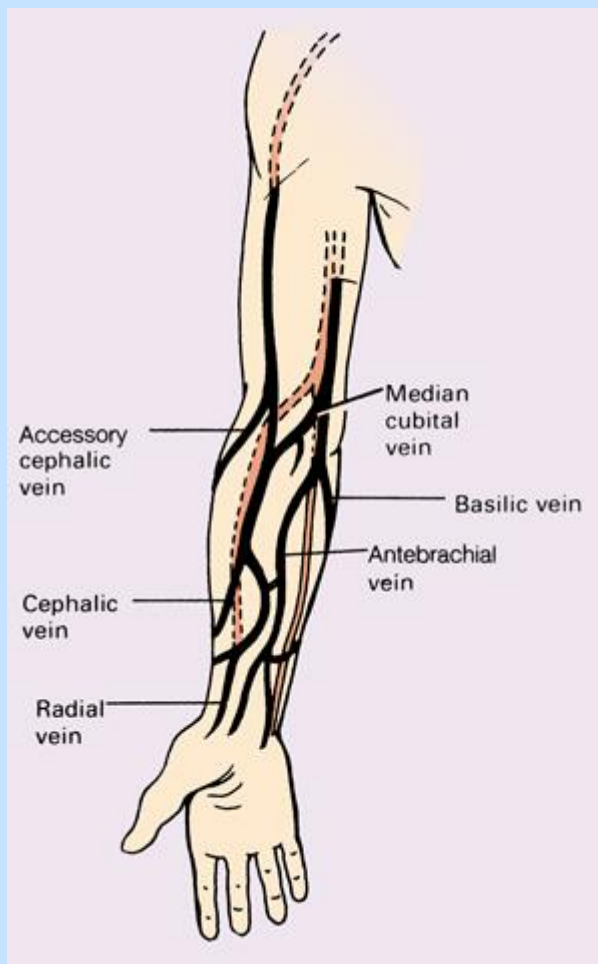
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Reference Table/Pictures if applicable:

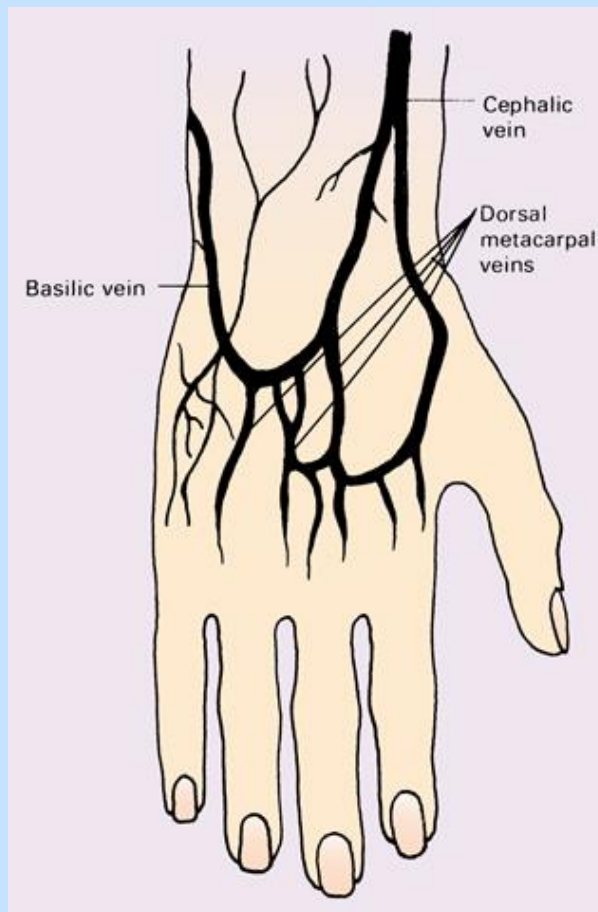
CHOOSING AN IV INSERTION SITE

Consider these guidelines to choose an appropriate peripheral IV insertion site:

- Use veins on the dorsal and ventral surfaces of the upper extremities, including the metacarpal, cephalic, basilic, and median veins (shown below). If possible, choose a vein in the nondominant arm or hand.



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- Avoid using veins in an upper extremity on the side of breast surgery with axillary node dissection; with an arteriovenous fistula or graft, radiation therapy, or lymphedema; or in an extremity affected by stroke.
- If the patient has stage 4 or 5 chronic kidney disease, avoid using upper arm and forearm veins that could be the site of dialysis access.
- Avoid using lower extremity veins *because of the increased risk of tissue damage, thrombophlebitis, and ulceration.*
- Avoid areas of flexion; areas where pain occurs on palpation; veins compromised by bruising, infiltration, phlebitis, sclerosis, or cord formation; and areas where procedures are planned.
- Avoid the lateral surface of the wrist for about 4" to 5" (10.2 cm to 12.7 cm) *because of the risk of nerve damage.* Avoid the ventral surface of the wrist *because of the associated pain on insertion and the risk of nerve damage.*
- Take care to insert catheters away from open wounds.

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- Make each successive cannulation site proximal to the previous cannulation site.
- Collaborate with the patient and practitioner to discuss the risks and benefits of using a vein in an affected extremity if no other options exist.
- Choose an area with more subcutaneous tissue and skeletal support for better device stabilization in an older adult, keeping in mind the need to conserve access for future therapy.
- If the patient uses an ambulatory aid to maintain independence, determine the side on which the patient uses the device. Avoid that side, if possible, and avoid inserting the device in the hands.
- Allow an older adult to have input regarding the site of catheter insertion, *because many older adults have previous experience with infusion therapy and can indicate what was successful or unsuccessful.*
- If the patient isn't very mobile, consider using an extremity that most easily allows access to the bathroom or commode.

Competency Verified by:

	Date: _____	
<i>#1 Validator's Name (printed)</i>	<i>Validator's signature</i>	
	Date: _____	
<i>#2 Validator's Name (printed)</i>	<i>Validator's signature</i>	
	Date: _____	
<i>#3 Validator's Name (printed)</i>	<i>Validator's signature</i>	

References: Lippincott IV Catheter Insertion, Revised 08/09/2022
<https://procedures.lww.com/lnp/view.do?pld=39573&hits=piv&a=false&ad=false&q=PIV>