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 Phlebotomy.
Validator(s):	1. Phlebotomist 2. RN competent in Phlebotomy 3. Team member validated as competent in Phlebotomy
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 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:	• For staff who have never performed venipuncture: **requires 3 successful venipuncture** observed by an approved validator • For staff who has experience with venipuncture in another facility: **requires 1 successful venipuncture** observed by an approved validator • **Mandatory pre-requisite**: Successful completion of Phlebotomy training at UVA Medical Center.

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials for Each Insertion		
		#1	#2	#3
A. Prepares self for venipuncture • Correctly identify patient identification and lab orders. • Print Epic labels and Lab Order/Requisitions. • Review collection instructions and processing requirements for each lab test. • Gather appropriate supplies. • Cleanse hands thoroughly before donning non-sterile examination gloves.				
B. Selects and prepares venipuncture site. • Verbalize importance of using most distal site, previous venipuncture site. • Verbalize areas to avoid for venipuncture such as areas with compromised circulation, hardened or sclerosed areas, site of mastectomy, etc. • Verbalize appropriate site for blood draw with IV infusion. • Verbalize importance of PPE if splash or spray risk possible. • Verbalize how to respond to possible needlestick exposure.				
C. Prepares Patient • Verify Patient Identification and explain procedure to the patient, and assess for syncope risk				
D. Prepares for venipuncture. • Apply tourniquet and asks the patient to hold a fist. Tourniquet should not be tied > 1 min. • Palpate for a vein using the index finger, determining the size, depth, and direction. • Untie the tourniquet to assemble the equipment. • Disinfect site by scrubbing with alcohol pads, allowing skin to dry without fanning or patting. o Verbalizes protocol for cleansing site for blood culture collection • Reapply the tourniquet.				

E. Performs venipuncture.
• Anchor the intended vein by slightly pulling back on the skin below the venipuncture site.
• Uncap the sterile needle and check for noticeable defects.
• Position the needle bevel up and insert the needle into the skin in the direction of the vein at a 30 degree angle or less depending on the depth of the vein.
• The hub of the needle will display a "flash" of blood to indicate a successful vein insertion.
  o If blood is not obtained, it may be necessary to change the position of the needle by advancing the needle slightly if the needle has not penetrated the vein far enough or by pulling back slightly if the needle has penetrated too far.
  o Note: Probing is not acceptable.
• Once blood flow is established, release the tourniquet and instruct the patient to relax their fist.
• Hold the needle firmly in place, ease the tube(s) onto the vacutainer holder in the order of draw. The last tube must be removed from the holder before the needle is removed from the venipuncture site. Mix anti-coagulated tubes by gentle inversion.
• Place clean gauze pads over the venipuncture site.
• Retract the needle using the safety mechanism.
• Apply pressure on the site, ensuring the bleeding has stopped before applying dressing.				

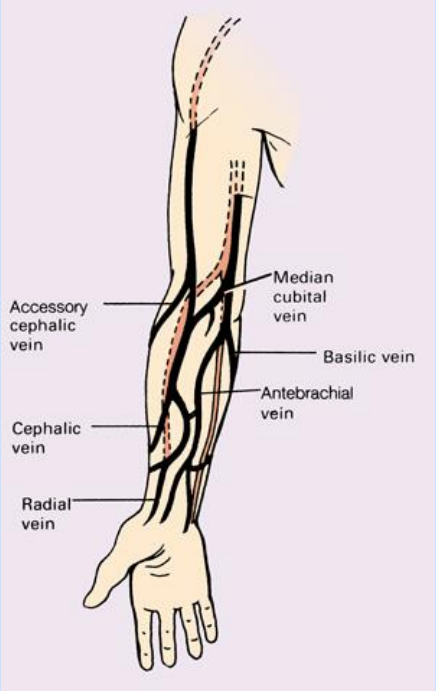
F. Label Lab Specimens • Label each blood tube with correct patient labels • Match correct label for each tube type/color • Double bagged the lab specimens, first in a clear ziploc bag, then a biohazard ziploc bag. • Send tubes to the Lab according to special requirements (protect from light, on ice, etc.)				
G. Documents Lab Collection in Epic				

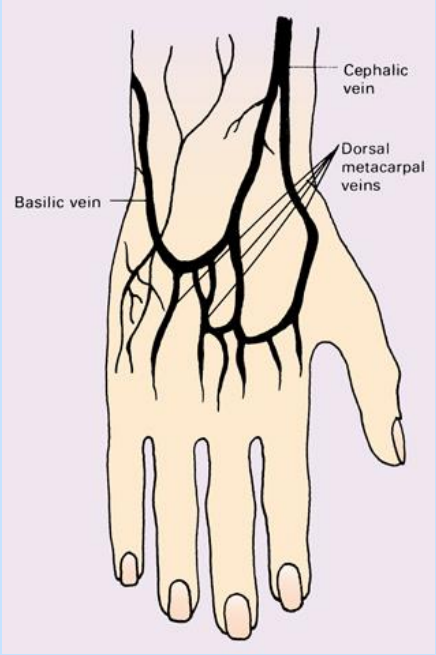
(**This IV insertion tool is used to help identify vessels for cannulation**)

CHOOSING AN IV INSERTION SITE

Consider these guidelines to choose an appropriate venipuncture 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.





- 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*.

- 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 venipuncture, *because many older adults have previous experience with venipuncture 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: _____
#1 Validator's Name (printed) *Validator's signature*

_____ Date: _____
#2 Validator's Name (printed) *Validator's signature*

_____ Date: _____
#3 Validator's Name (printed) *Validator's signature*