



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	IV Insertion and Removal

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Gather all necessary supplies including: <ul style="list-style-type: none"> • IV start kit • Gauze • Gloves • Saline flush • IV catheter 			
Introduce self, identify patient with ID band and explain procedure			
Follows standard precautions, washes hands according to CDC guidelines and wear gloves			
Performs skin assessment			
Applies tourniquet			
Palpates vein starting at distal end of arm			
Selects IV catheter size according to access purpose			
Perform correct skin prep prior to venipuncture			
Demonstrates safe and accurate venipuncture technique up to two attempts			
Releases tourniquet			
Applies stabilizing device correctly			
Demonstrates ability to establish IV access successfully			
Applies dressing at insertion site			
Date and time as appropriate			
Reassess IV insertion site for patency			
Verbalizes S/S infiltration and appropriate action			
Seeks help if unable to establish IV access after a maximum of two attempts			
Documents findings			

Employee is competent to perform the above tasks independently and without supervision

Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	