Competency Checklist

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

INDICATORS OF PERFORMANCE LEVEL SUMMARY

<table>
<thead>
<tr>
<th>How Met</th>
<th>Level of Competency</th>
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<tbody>
<tr>
<td>O</td>
<td>Direct Observation/Return Demonstration</td>
</tr>
<tr>
<td>V</td>
<td>Verbalization/Discussion</td>
</tr>
<tr>
<td>T</td>
<td>Test</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
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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:

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<td>1 2 3</td>
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Gather all necessary supplies including:
- IV start kit
- Gauze
- Gloves
- Saline flush
- IV catheter

Introduce self, indentify 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:

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
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<td>Evaluator’s Signature</td>
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