STUDENT'S NAME

DATE

FOR FACULTY USE ONLY DATE

EDUCATOR'S NAME PASS / FAIL

Skills Modules 3.0 Checklist: Intravenous Therapy
Initiating Peripheral IV Access

INSTRUCTIONS: Use the following checklist to evaluate competency in completing this skill. Select Satisfactory (S) or Unsatisfactory (U) for each step and provide comments as needed.

*Document the relevant information (assessment findings, pharmacological and nonpharmacological interventions) in the client's medical record.

Step by Step

STEP	S	U	EVALUATOR'S COMMENTS
Verify prescription for peripheral vascular access, including the purpose of access.			
Gather necessary supplies.			
*Introduce yourself to the client.			
*Verify client identification.			
*Provide privacy as needed.			
*Determine whether the client has allergies.			
*Provide client education.			

STEP	S	U	EVALUATOR'S COMMENTS
*Perform hand hygiene.	☐	☐	
Adjust the client's bed to a comfortable working level.	☐	☐	
Assess the client for an appropriate site for peripheral access based on client condition and reason for access.	☐	☐	
Select the appropriate catheter size for location and purpose of IV.	☐	☐	
Position the client in low-Fowler's and place a towel or protective pad under the client's arm.	☐	☐	
Apply clean gloves.	☐	☐	
Prepare supplies, including IV catheter, extension tubing, and dressing.	☐	☐	
Select and palpate the appropriate vein.	☐	☐	
Cleanse the area with 0.5% chlorhexidine or per facility policy, using a gentle, but firm back and forth motion. Allow to dry completely.	☐	☐	
Apply tourniquet.	☐	☐	
Do not touch insertion site after cleaning the skin.	☐	☐	

STEP	S	U	EVALUATOR'S COMMENTS
Using nondominant hand, hold the skin taut about 1 to 2 inches below the venipuncture site and anchor the vein.	☐	☐	
Align the IV catheter with the vein, with bevel side up. At a 10- to 30-degree angle, puncture the skin. Advance the needle into the vein.	☐	☐	
Once blood is visible in the flashback chamber, continue to advance the catheter about 0.25 inches into the vein.	☐	☐	
Advance the catheter off of the needle and into the vein. When needle is completely out, activate safety device.	☐	☐	
Release the tourniquet.	☐	☐	
Apply pressure to vein above insertion site to prevent bleeding.	☐	☐	
Quickly attach extension tubing to IV catheter hub.	☐	☐	
Stabilizing the catheter, pull back on the syringe to assess for blood return. Then flush the IV site with the saline, observing for signs of infiltration or leaking. Remove syringe and close the tubing clamp.	☐	☐	
If necessary, apply skin protectant prior to stabilization device.	☐	☐	
Place a transparent over the IV insertion site and stabilization device (if used).	☐	☐	
Label the dressing with the date and time of IV insertion, VAD gauge size and length, and your initials, or according to agency policy.	☐	☐	

References

Lynn, P. (2019). *Taylor's clinical nursing skills* (5th ed.) Wolters Kluwer.

Perry, A.G., Potter, P.A., and Ostendorf, W.R. (2018). *Clinical nursing skills & techniques* (9th ed.) Elsevier.