

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing  
Practice/IV Therapy Advisory Committee Agenda  
December 8, 2020**

**NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.**

**Time: 3:00 p.m. – 4:00 p.m.**

**Committee Members:** Mandy Karstetter, LPN – Chair  
Rebecca Sander, MSN, RN – V. Chair  
Andrea Watson, RN, BSN, CCN, CCRP  
Adri Gouldsmith, LPN  
Gwendoln Loyd, MBA, MSN, RN  
Jeanne Gerstenkorn, MSN, RN  
Christina Blanton, RN, BSN  
Julie Brown, BSN, RN  
Denise Rebel, RN  
Sharon Morris, MSN, RN

**Staff:** Linda Davies, BSN, RN, Practice Specialist  
Carol Moreland, MSN, RN, Executive Administrator  
Victoria Bond, Administrative Specialist

- I. Call to Order
- II. Review onsite packet
- III. Additions/Revisions to Agenda
- IV. Announcements
- V. Approval of minutes – September 15, 2020
- VI. PRACTICE
  1. Unfinished Business
  2. New Business
    - a) Practice Calls
- VII. IV THERAPY
  1. Unfinished Business
    - a.) Updated IV Therapy Test Questions
  2. New Business
    - a) Revision of Discontinuing Peripheral IV Site Competency Checklist.
- VIII. Agenda for March 2021 Committee meeting

## IX. Adjournment

**Please Note: Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.**

**Please click the link below to join the webinar:**

<https://us02web.zoom.us/j/84125654219?pwd=MGU1R1ppaGwzZ2k4K2xWTjRkekNoUT09>

**Passcode: KsbnPCComm**

Or iPhone one-tap :

US: +13126266799,,84125654219#,,,,,0#,,4298815110# or +16468769923,,84125654219#,,,,,0#,,4298815110#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 312 626 6799 or +1 646 876 9923 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782

Webinar ID: 841 2565 4219

Passcode: 4298815110

International numbers available: <https://us02web.zoom.us/j/84125654219?pwd=MGU1R1ppaGwzZ2k4K2xWTjRkekNoUT09>

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Kansas State Board of Nursing  
LPN IV Therapy Clinical Competency Evaluation

Student Name: \_\_\_\_\_

**Discontinue Peripheral IV Site**

<b>Did the Student</b>	<b>Yes</b>	<b>No</b>
Obtain and review LIP's order		
Perform Hand Hygiene		
Obtain supplies per institution policy: <ul style="list-style-type: none"> <li>• Gloves nonsterile</li> <li>• Gauze</li> <li>• Tape</li> </ul>		
Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number		
Provide patient with information on the VAD removal process		
Don Gloves		
Place patient in sitting or recumbent position as tolerated		
Discontinue administration of all infusates		
Remove dressing from insertion site		
Remove stabilization device or sutures, if present		
Inspect catheter skin junction for redness, tenderness, drainage		
Apply gauze to insertion site with non-dominant hand. With dominant hand slowly remove catheter using gentle even pressure		
Apply pressure to the site with gauze, until hemostasis is achieved: <ul style="list-style-type: none"> <li>• Short &lt; 3 inch peripheral catheters: minimum of 30 seconds</li> </ul>		
Apply gauze and tape dressing to venipuncture site		
Change dressing every 24 hours, or sooner until exit site is healed		
Assess integrity of removed catheter. Compare length of catheter to original insertion length to ensure entire catheter is removed. Notify provider if there is loss of integrity of catheter removed		
Remove gloves		
Perform hand hygiene		
Document remaining infusate in patient's permanent medical record		
Document procedure in patient's permanent medical record		

**The student satisfactorily completed the procedure "Discontinue Peripheral IV Site" according to the steps outlined.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty/Preceptor Signature**