

Kansas State Board of Nursing
LPN IV Therapy Final Clinical Competency Checklist

| Clinical Competency | Initial/Date Competency Achieved |
|--|----------------------------------|
| Administration of Intravenous Fluid Therapy | |
| Patient Care Prior to Infusion Therapy Initiation | |
| Equipment preparation for Intravenous Therapy | |
| Short Peripheral Vascular Device Site Preparation and Placement | |
| Joint stabilization | |
| | |
| Principles of Intravenous Therapy Maintenance | |
| Changing an intravenous fluid container. | |
| Change Administration Set Tubing – Peripheral Line | |
| Change Administration Set Tubing – Central Line | |
| Change peripheral IV site dressing-with care of infusion site | |
| Change central venous site dressing with care of infusion site | |
| Flushing Infusion Device | |
| Discontinuance of peripheral IV Site | |
| | |
| Pharmacological Considerations of Intravenous Medication | |
| Parenteral Medication and Solution Administration | |
| Administer IV push medication | |
| Preparing Immediate-Use Parenteral-Medication | |
| Student able to calculate and apply appropriate medication dosages and drip rates. | |

Student Name: _____ Date Completed: _____

Clinical Evaluator(s): Initials: _____ Signature: _____

Initials: _____ Signature: _____

Initials: _____ Signature: _____

Initials: _____ Signature: _____

Initials: _____ Signature: _____

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Patient Care Prior to Infusion Therapy Initiation (page 1 of 3)
Orders for the initiation and management of Infusion therapy

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review licensed independent practitioner's (LIP's) order for: | | |
| • Patient Name | | |
| • Solution type or medication to be administered | | |
| • Medication Dose | | |
| • Volume to be infused | | |
| • Administration Route | | |
| • Infusion Rate | | |
| • Frequency of Administration | | |
| • Special Considerations if applicable | | |
| Contact LIP for clarification if the order is not complete or legible | | |
| Determine appropriateness of the orders, using the nursing process | | |

Patient Assessment

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review licensed independent practitioner's (LIP's) order for Infusion Therapy | | |
| Review the patient's permanent medical record for: | | |
| • Age | | |
| • Weight | | |
| • Allergies | | |
| • Clinical Diagnosis, primary and secondary | | |
| • History of chronic kidney disease | | |
| • History of breast cancer and treatment | | |
| • Complications or conditions that may affect therapy | | |
| • Previous or current infusion therapy, including transfusion history | | |
| • Medications, including over the counter and herbal preparations | | |
| Review patients laboratory and imaging studies | | |
| Verify patient's identity using 2 independent identifiers, not including the patient's room number or bed number | | |
| Inform the patient of the assessment process | | |
| Place patient in a comfortable position and provide privacy | | |
| Perform physical assessment | | |
| • Vital Signs | | |
| • Fluid Volume status | | |
| • Body systems as appropriate for the therapy | | |
| • Perform psychological assessment: <ol style="list-style-type: none"> 1. Patient's ability to comprehend and understand therapy 2. Patient's ability to maintain therapy 3. Patient's perception of pain | | |

Student Name: _____

**Patient Care Prior to Infusion Therapy Initiation (page 2 of 3)
Site Assessment and Selection**

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain and review LIP's order | | |
| Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number | | |
| Provide patient with information on site assessment and selection, including vascular access device (VAD) benefits, management and potential complications | | |
| Obtain Patient consent | | |
| Place patient in recumbent position as tolerated | | |
| | | |
| Site Selection for Short Peripheral Catheter | | |
| Perform hand hygiene | | |
| Explain procedure to patient | | |
| Assess patient's upper extremities: | | |
| <ul style="list-style-type: none"> • Avoid using lower-extremity veins in adults (may require specific LIP's order per institution policy) | | |
| <ul style="list-style-type: none"> • Initiate the site selection process in nondominant arm | | |
| <ul style="list-style-type: none"> • Use vein visualization technologies as appropriate | | |
| Use the following principles to guide vein selection: | | |
| <ul style="list-style-type: none"> • Assess appropriate veins on both dorsal and ventral surfaces including the metacarpal, cephalic, and basilica veins of the hand and forearm | | |
| <ul style="list-style-type: none"> • Avoid the following | | |
| 1. Areas of flexion | | |
| 2. Areas of pain upon palpation | | |
| 3. Compromised veins (eg. Bruised, phlebotic, infiltrated, sclerosed, corded) | | |
| 4. Areas near valves | | |
| 5. Areas where there are planned procedures | | |
| 6. Extremity on the side of breast surgery with axillary node dissection, after radiation therapy to that side, presence of lymphedema, affected side after stroke | | |
| <ul style="list-style-type: none"> • For patients with chronic kidney disease, avoid forearm and upper arm vein | | |
| Assess veins by applying tourniquet: | | |
| <ul style="list-style-type: none"> • Palpate extremity distal to tourniquet to assess vein condition and visually inspect skin integrity. | | |
| <ul style="list-style-type: none"> • Palpate intended venipuncture site to differentiate arteries from veins | | |
| <ul style="list-style-type: none"> • If unable to palpate vein: | | |
| 1. Instruct patient to open and close fist several times | | |
| 2. Position extremity lower than the heart for several minutes | | |
| 3. Lightly stroke vein downward | | |
| 4. Apply heat to extremity for approximately 10-15 minutes to promote vein relaxation and dilation. Do not leave patient unattended during heat application | | |
| Select the most distal site for short peripheral catheter placement: | | |
| <ul style="list-style-type: none"> • Select sites that are proximal to any previous cannulation sites | | |
| Remove tourniquet | | |
| Perform hand hygiene | | |

Student Name: _____

Patient Care Prior to Infusion Therapy Initiation (page 3 of 3)
Patient Education

| Did the Student | Yes | No |
|---|------------|-----------|
| Teach the patient about the following infusion related topics; involve caregivers in the teaching as appropriate: | | |
| • Proper care of the access device and any activity limitations | | |
| • Precautions for preventing infections and other complications, including aseptic techniques and hand hygiene | | |
| • Signs and symptoms of complications to report | | |
| • How/where/to whom signs and symptoms of complications are to be reported. | | |
| • Evaluate the patient's level of understanding, reteaching and clarifying information as needed and being attentive to questions and concerns. | | |

Informed Consent

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain/verify Informed consent will be obtained by the health care provider who will perform the infusion procedure after discussion that includes details of the procedure, risk and benefits, alternatives, and potential complications per institution policy | | |
| The patient or legally authorized representative has the right to refuse treatment | | |
| Not all procedures require written informed consent (see institution policy) | | |
| Document the consent in the patient's permanent medical record | | |

The student satisfactorily completed the procedure "Patient Care prior to Infusion Therapy" according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

**Equipment preparation for Intravenous Therapy (page 1 of 2)
Solution**

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review licensed independent practitioner's (LIP's) order for: | | |
| • Solution type or medication to be administered | | |
| • Medication dose | | |
| • Volume to be infused | | |
| • Administration route | | |
| • Infusion rate | | |
| • Frequency of administration/ duration | | |
| • Special considerations if applicable | | |
| Contact LIP for clarification if the order is not complete or legible | | |
| Perform Hand Hygiene | | |
| Obtain solution from storage: | | |
| • Remove outer cover (if not previously removed) | | |
| • Verify correct solution (patient label if applied) | | |
| • Inspect infusate for integrity and sterility (squeeze flexible bags to detect leaks) | | |
| • Inspect solution for clarity or presence of particulate matter (discard if cloudy or has particulate matter in solution) | | |
| • Verify cover of infusate's access port is intact | | |

Administration Set and Add-on Devices

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain the appropriate Administration set based on the type of infusion, duration of infusion, and patient concerns | | |
| Obtain the appropriate Add-on-device (needless connector, filter, extension set) based on the type of infusion and institution policy: | | |
| • Review expiration dates for administration sets | | |
| • Inspect administration set and add-on-devices for integrity and sterility | | |

Assemble IV Therapy Solution

| Did the Student | Yes | No |
|--|------------|-----------|
| Assemble administration set: | | |
| • Remove administration set from packaging | | |
| • Close clamp | | |
| • Attach add-on device (if needed) | | |
| • Remove protective cover from administration set's spike and infusate's access port | | |
| • Insert spike into solution container | | |

Student Name: _____

Equipment preparation for Intravenous Therapy (page 2 of 2)
Assemble IV Therapy Solution

| Did the Student | Yes | No |
|--|------------|-----------|
| • Hang container | | |
| Prime administration set, including add-on devices, and extension tubing | | |
| • Squeeze the drip chamber to fill to manufacture's mark (approximately one-third to one-half full) | | |
| • Slowly open clamp to prime administration set while holding distal end of administration set upright, allowing filter (if used) to hang upside-down. | | |
| • Prime entire length of administration set and clamp. | | |
| • Note for electronic infusion device (EID) infusate may need to be primed using pump-priming function per manufacture's recommendations. | | |

Vascular Access Device (VAD) Selection

| Did the Student | Yes | No |
|---|------------|-----------|
| Follow these guidelines when selecting a short peripheral catheter: | | |
| • Infusion therapy duration is less than 7 days | | |
| • Use the smallest-size catheter to accommodate the prescribed therapy | | |
| 1. 14- to 16-gauge catheters are recommended for trauma patients and those who require large volumes of fluid at a rapid rate | | |
| 2. 18-gauge catheters are recommended for surgical patients and for rapid administration of blood (blood can be administered through smaller- gauge catheters, but the flow will be slower) | | |
| 3. 20- to 24- gauge catheters are recommended for most medical-surgical patients | | |
| 4. 22- to 24- gauge catheters are recommended for older adults | | |
| • Limit use of steep winged devices to single-dose administration | | |

The student satisfactorily completed the procedure "Equipment preparation for Intravenous Therapy" according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Short Peripheral Vascular Access Device Site Preparation and Placement (1 of 2)

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review LIP's order | | |
| Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number | | |
| Provide patient with information on the VAD insertion procedure selection, including specific device benefits, management and potential complications | | |
| Obtain Patient consent | | |
| Place patient in recumbent position as tolerated | | |
| Perform Hand Hygiene | | |
| Gather Supplies per institution policy: | | |
| <ul style="list-style-type: none"> • Gloves • Short peripheral catheter (smallest size to meet infusion needs) • IV Start Kit • Stabilization Device • Local anesthetic (as indicated in institution policy) • Needleless connector and any add-on devices • Preservative-free 0.9 sodium chloride (USP) prefilled syringe(s) or primed administration set. | | |
| Assess the upper extremity for an appropriate venipuncture site (per site assessment and selection) | | |
| Prepare insertion site: | | |
| <ul style="list-style-type: none"> • If visibly soiled, clean with antiseptic soap and water • Remove excess hair if necessary | | |
| Administer local anesthesia if indicated (per institution policy) | | |
| Perform Hand Hygiene | | |
| Don Gloves | | |
| Cleanse insertion site with antiseptic solution to allow to dry completely (per institution policy): | | |
| <ul style="list-style-type: none"> • Chlorhexidine solution (preferred): apply using a back- and- forth motion for at least 30 seconds | | |
| <ul style="list-style-type: none"> • Povidone-iodine: apply using swabsticks in a concentric circle beginning at the catheter insertion site, then moving outwards; it must remain on the skin for at least 2 minutes or longer to completely dry for adequate antisepsis | | |
| <ul style="list-style-type: none"> • Apply a tourniquet above the intended venipuncture site and use vein technology as available | | |
| <ul style="list-style-type: none"> • Stabilize the selected vein below the intended venipuncture site with the nondominant hand | | |
| <ul style="list-style-type: none"> • Insert the VAD according to manufacturer's direction for use • Release the tourniquet • Attach needless connector and any other appropriate add-on-device primed with preservative-free sodium chloride (USP) or Heparin per institution policy, and flush catheter, or attach primed administration set | | |

Student Name: _____

Short Peripheral Vascular Access Device Site Preparation and Placement (page 2 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| <ul style="list-style-type: none">• Observe the site for signs of swelling, or patient complaints of discomfort or pain, removing VAD if present | | |
| <ul style="list-style-type: none">• Stabilize the VAD with sterile tape, surgical tape, or a stabilization device (per institution policy) | | |
| <ul style="list-style-type: none">• Apply a TSM dressing over the insertion site | | |
| <ul style="list-style-type: none">• Discard used supplies in the appropriate receptacles | | |
| <ul style="list-style-type: none">• Remove gloves and perform hand hygiene | | |
| <ul style="list-style-type: none">• Label Dressing:<ul style="list-style-type: none">○ Date and Time of Insertion○ Gage and Length of VAD○ Initials of Inserter | | |
| <ul style="list-style-type: none">• Document procedure in the patient's permanent medical record | | |

The student satisfactorily completed the procedure “Insertion of Intravenous Over-The-Needle Cannula / Winged Infusion Set” according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Joint Stabilization

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain the needed supplies per institution policy: <ul style="list-style-type: none"> • Single-patient-use arm board, finger, or limb splint • Material for padding • Tape | | |
| Determine the appropriate device for the area being stabilized | | |
| Explain purpose of the device to patient and instruct patient or care giver, on signs and symptoms to report (eg. Discomfort, pressure, pain) | | |
| Apply joint stabilization device according to manufacturer's directions for use with attention to: <ul style="list-style-type: none"> • Allowing the ability to visually inspect and assess the VAD of site and vein path • Preventing any restriction of circulation • Preventing pressure that could cause skin breakdown or nerve damage • Promoting as much function as possible to the extremity • Adding padding material as needed for patient comfort | . | |
| Assess circulation and skin at regular intervals for development of ulcers due to pressure from device and restriction of circulation | | |
| Document assessment, type and location of device, and patient education in the patients permanent medical record | | |

The student satisfactorily completed the procedure "Joint Stabilization" according to the steps outlined.

Date

Faculty/Preceptor

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Change Intravenous Container

| Did the Student | Yes | No |
|--|------------|-----------|
| Wash hands | | |
| Verify fluid order, correct patient, correct amount (Patient label if applied) | | |
| Remove outer plastic covering if present/check expiration date | | |
| Check for particulate matter, cloudiness, leaks | | |
| Ascertain that med port is securely covered | | |
| Ascertain that cover insertion port is secure | | |
| Carefully remove insertion port covering with one swift motion | | |
| Close tubing with roller clamp; check for air in tubing/drip chamber | | |
| Aseptically remove set from old container and insert into new container | | |
| Invert container | | |
| Open clamp and adjust to desired rate | | |
| Document | | |
| Closed or Open System Glass Containers | | |
| Wash hands | | |
| Verify fluid order, correct patient, correct amount | | |
| Check container for cracks; check expiration date | | |
| Check for particulate matter, cloudiness, leaks | | |
| Make sure rubber seal on top of bottle depressed | | |
| Check to be sure air port is secure | | |
| Remove rubber seal with one smooth upward pull motion | | |
| Close tubing with roller clamp; check for air in tubing/drip chamber | | |
| Aseptically remove set from old container and insert into new container | | |
| Invert container | | |
| Open clamp and adjust to desired rate | | |
| Document | | |

The student satisfactorily completed the procedure “Change Intravenous Container” according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Change Administration Set Tubing – Peripheral Line (1 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain the needed supplies per institution policy: <ul style="list-style-type: none"> • Antiseptic wipes • Prescribed infusate • Administration Set • Add-on-devices (needleless connector, extension set, filter) • Label | | |
| Perform Hand Hygiene | | |
| Inspect supplies for integrity and sterility: <ul style="list-style-type: none"> • Infusate • Administration Set • Add-on-devices | | |
| Assemble administration set: | | |
| <ul style="list-style-type: none"> • Remove administration set from packaging | | |
| <ul style="list-style-type: none"> • Close clamp | | |
| <ul style="list-style-type: none"> • Attach add-on device (if needed) | | |
| Prepare solution container: | | |
| <ul style="list-style-type: none"> • Remove outer cover (if not previously removed) | | |
| <ul style="list-style-type: none"> • Verify correct solution (patient label if applied) | | |
| <ul style="list-style-type: none"> • Inspect infusate for integrity and sterility (squeeze flexible bags to detect leaks) | | |
| <ul style="list-style-type: none"> • Inspect solution for clarity or presence of particulate matter (discard if cloudy or has particulate matter in solution) | | |
| <ul style="list-style-type: none"> • Verify cover of infusate’s access port is intact | | |
| <ul style="list-style-type: none"> • Remove protective cover from administration set’s spike and infusate’s access port | | |
| <ul style="list-style-type: none"> • Insert spike into solution container | | |
| <ul style="list-style-type: none"> • Hang container | | |
| Prime administration set, including add-on devices, and extension tubing: | | |
| <ul style="list-style-type: none"> • Squeeze the drip chamber to fill to manufacture’s mark (approximately one-third to one-half full) | | |
| <ul style="list-style-type: none"> • Slowly open clamp to prime administration set while holding distal end of administration set upright, allowing filter (if used) to hang upside-down | | |
| <ul style="list-style-type: none"> • Prime entire length of administration set and clamp | | |
| <ul style="list-style-type: none"> • Note for electronic infusion device (EID) infusate may need to be primed using pump-priming function per manufacture’s recommendations | | |
| Don nonsterile gloves | | |
| Connect administration set to existing catheter: | | |
| <ul style="list-style-type: none"> • Clamp existing administration set | | |
| <ul style="list-style-type: none"> • Apply digital pressure to vein proximal to tip to prevent blood exposure, disconnect administration set from catheter hub | | |

Student Name: _____

Change Administration Set Tubing – Peripheral Line (page 2 of 2)

| Did the Student | Yes | No |
|--|------------|-----------|
| <ul style="list-style-type: none">Remove protective cap from distal end of administration set and attach to catheter hub | | |
| <ul style="list-style-type: none">Unclamp catheter to resume infusion | | |
| <ul style="list-style-type: none">Discard old administration set and infusate | | |
| Begin Infusion: | | |
| <ul style="list-style-type: none">Slowly open clamp of administration set to begin infusion or turn on EID | | |
| <ul style="list-style-type: none">Monitor drops per minute manually by counting drops to ensure proper administration rate, or observe EID for 1-2 minutes ensure proper administration rate | | |
| Discard Gloves and perform hand hygiene | | |
| Label administration set with date and time | | |

The student satisfactorily completed the procedure “Change Administration Set Tubing – Peripheral Line” according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Change Administration Set Tubing- Central Line (page 1 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain the needed supplies per institution policy: <ul style="list-style-type: none"> • Antiseptic wipes • Prescribed infusate • Administration Set • Add-on-devices (needleless connector, extension set, filter) • Label | | |
| Perform Hand Hygiene | | |
| Inspect supplies for integrity and sterility: <ul style="list-style-type: none"> • Infusate • Administration Set • Add-on-devices | | |
| Assemble administration set: | | |
| <ul style="list-style-type: none"> • Remove administration set from packaging | | |
| <ul style="list-style-type: none"> • Close clamp | | |
| <ul style="list-style-type: none"> • Attach add-on device (if needed) | | |
| Prepare solution container: | | |
| <ul style="list-style-type: none"> • Remove outer cover (if not previously removed) | | |
| <ul style="list-style-type: none"> • Verify correct solution (patient label if applied) | | |
| <ul style="list-style-type: none"> • Inspect infusate for integrity and sterility (squeeze flexible bags to detect leaks) | | |
| <ul style="list-style-type: none"> • Inspect solution for clarity or presence of particulate matter (discard if cloudy or has particulate matter in solution) | | |
| <ul style="list-style-type: none"> • Verify cover of infusate's access port is intact | | |
| <ul style="list-style-type: none"> • Remove protective cover from administration set's spike and infusate's access port | | |
| <ul style="list-style-type: none"> • Insert spike into solution container | | |
| <ul style="list-style-type: none"> • Hang container | | |
| Prime administration set, including add-on devices, and extension tubing: | | |
| <ul style="list-style-type: none"> • Squeeze the drip chamber to fill to manufacture's mark (approximately one-third to one-half full) | | |
| <ul style="list-style-type: none"> • Slowly open clamp to prime administration set while holding distal end of administration set upright, allowing filter (if used) to hang upside-down | | |
| <ul style="list-style-type: none"> • Prime entire length of administration set and clamp | | |
| <ul style="list-style-type: none"> • Note for electronic infusion device (EID) infusate may need to be primed using pump-priming function per manufacture's recommendations | | |
| Don nonsterile gloves | | |
| Connect administration set to existing catheter: | | |
| <ul style="list-style-type: none"> • Clamp existing administration set | | |
| <ul style="list-style-type: none"> • Clamp catheter to prevent accidental blood exposure and to reduce risk for air embolism, disconnect administration set from catheter hub | | |
| <ul style="list-style-type: none"> • Disinfect catheter hub with antiseptic wipes, wiping for 30 seconds and allowing to air dry (per institution policy) | | |

Student Name: _____

Change Administration Set Tubing – Central Line (page 2 of 2)

| Did the Student | Yes | No |
|--|------------|-----------|
| <ul style="list-style-type: none">Remove protective cap from distal end of administration set and attach to catheter hub | | |
| <ul style="list-style-type: none">Unclamp catheter to resume infusion | | |
| <ul style="list-style-type: none">Discard old administration set and infusate | | |
| Begin Infusion: | | |
| <ul style="list-style-type: none">Slowly open clamp of administration set to begin infusion or turn on EID | | |
| <ul style="list-style-type: none">Monitor drops per minute manually by counting drops to ensure proper administration rate, or observe EID for 1-2 minutes ensure proper administration rate | | |
| Discard Gloves and perform hand hygiene | | |
| Label administration set with date and time | | |

The student satisfactorily completed the procedure “Change Administration Set Tubing – Central Line” according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Change Peripheral IV Site Dressings/Care of Site

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain the needed supplies (per institution policy): <ul style="list-style-type: none"> • Nonsterile gloves • Antiseptic solution • Securement <ul style="list-style-type: none"> ○ Stabilization device (per institution policy) ○ Surgical Strips ○ Tape • Site dressing <ul style="list-style-type: none"> ○ Gauze pads and tape ○ TSM dressing • Label | | |
| Perform hand hygiene | | |
| Gather Supplies | | |
| Explain procedure to patient | | |
| Don gloves | | |
| Assess insertion site for redness, tenderness, swelling, or drainage | | |
| Remove existing dressing, beginning at device hub and gently pull the dressing perpendicular to the skin toward the insertion site | | |
| Remove stabilization device | | |
| Cleanse insertion site with antiseptic solution, allow to dry completely (per institution policy): | | |
| <ul style="list-style-type: none"> • Chlorhexidine solution (preferred): apply using a back- and- forth motion for at least 30 seconds. | | |
| <ul style="list-style-type: none"> • Povidone-iodine: apply using swabsticks in a concentric circle beginning at the catheter insertion site, then moving outwards; it must remain on the skin for at least 2 minutes or longer to completely dry for adequate antisepsis. | | |
| Apply stabilization device, surgical strips, or sterile tape (per institution policy) | | |
| Apply dressing TSM (or gauze and tape) to insertion site | | |
| Discard used supplies in appropriate receptacles | | |
| Remove gloves and discard | | |
| Perform hand hygiene | | |
| Label dressing with date, time, and initials of nurse performing procedure | | |
| Document procedure in patient's permanent medical record | | |

The student satisfactorily completed the procedure “Change Peripheral IV Site Dressings/Care of Site” according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Change Central IV Site Dressings/Care of Site (page 1 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain the needed supplies (per institution policy) a central line dressing kit is recommended: <ul style="list-style-type: none"> • Mask • Nonsterile gloves • Sterile gloves • Antiseptic solution • Tape measure sterile • Securement <ul style="list-style-type: none"> ○ Stabilization device (per institution policy) ○ Surgical Strips ○ Tape • Site Dressing <ul style="list-style-type: none"> ○ Antimicrobial dressing ○ Gauze pads and tape ○ TSM dressing • Label | | |
| Perform hand hygiene | | |
| Gather Supplies | | |
| Explain procedure to patient | | |
| Don mask | | |
| Assemble supplies on sterile field | | |
| Don nonsterile gloves | | |
| Assess insertion site for redness, tenderness, swelling, or drainage | | |
| Remove existing dressing, beginning at device hub and gently pull the dressing perpendicular to the skin toward the insertion site | | |
| Remove stabilization device | | |
| Remove nonsterile gloves | | |
| Perform hand hygiene | | |
| Don sterile gloves | | |
| Measure external length of CVAD | | |
| Cleanse insertion site with antiseptic solution, allow to dry completely (per institution policy): | | |
| <ul style="list-style-type: none"> • Chlorhexidine solution (preferred): apply using a back- and- forth motion for at least 30 seconds | | |
| <ul style="list-style-type: none"> • Povidone-iodine: apply using swabsticks in a concentric circle beginning at the catheter insertion site, then moving outwards; it must remain on the skin for at least 2 minutes or longer to completely dry for adequate antisepsis | | |
| Apply antimicrobial dressing (if used per institution policy) | | |
| Apply stabilization device, surgical strips, or sterile tape (per institution policy) | | |
| Apply dressing TSM (or gauze and tape) to insertion site | | |
| Discard used supplies in appropriate receptacles | | |
| Remove gloves and discard | | |

Student Name: _____

Change Central IV Site Dressings/Care of Site (page 2 of 2)

| Did the Student | Yes | No |
|--|------------|-----------|
| Perform hand hygiene | | |
| Label dressing with date, time, and initials of nurse performing procedure | | |
| Document procedure in patient's permanent medical record | | |

The student satisfactorily completed the procedure "Change Central IV Site Dressings/Care of Site" according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Flushing Infusion Device (page 1 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain the need supplies (per institution Policy): <ul style="list-style-type: none"> • Gloves • Antiseptic Wipes • Preservative-free 0.9% sodium chloride (USP) pre filled syringes • Heparin lock solution (per institution policy) | | |
| Perform hand hygiene | | |
| Gather supplies | | |
| Don Gloves | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needleless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Slowly aspirate until blood return is obtained | | |
| Slowly inject preservative-free 0.9 sodium chloride (USP) into VAD, noting any resistance or sluggishness of flow: <ul style="list-style-type: none"> • NEVER inject against resistance • VAD will require further evaluation if unable to flush freely | | |
| Remove syringe and discard | | |
| Administer prescribed infusate or proceed to locking procedure | | |
| | | |

Locking Infusion Device

| Did the Student | Yes | No |
|---|------------|-----------|
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Slowly inject appropriate solution into catheter (per institution policy) | | |
| Follow clamping sequence to reduce blood reflex based on type of needless connector used: <ul style="list-style-type: none"> • Positive-pressure needleless connector: clamp after syringe discontinuation • Negative-pressure needleless connector: maintain pressure on the syringe plunger while closing the clamp on the VAD or extension set, then disconnect the syringe • Neutral displacement needleless connector: is not dependent on flushing technique and can be clamped either before or after syringe disconnection | | |

Student Name: _____

Flushing Infusion Device (page 2 of 2)
Locking Infusion Device

| Did the Student | Yes | No |
|--|------------|-----------|
| Discard syringe and used supplies in appropriate receptacles | | |
| Remove gloves and perform hand hygiene | | |
| Document procedure in patient's permanent medical record | | |

The student satisfactorily completed the procedure "Flushing/ Locking Intermittent Infusion Device" according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Discontinue Peripheral IV Site

| Did the Student | Yes | No |
|---|------------|-----------|
| Obtain and review LIP's order | | |
| Perform Hand Hygiene | | |
| Obtain supplies per institution policy: <ul style="list-style-type: none"> • Gloves nonsterile • Gauze • Tape | | |
| 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"> • Short < 3 inch peripheral catheters: minimum of 30 seconds | | |
| 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

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Parenteral Medication and Solution Administration (page 1 of 2)

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review LIP's order: <ul style="list-style-type: none"> • Type of fluid and volume • Medication and dosage • Check patient's medical record for any ALLERGIES • Route of administration • Frequency and duration | | |
| Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number | | |
| Explain procedure to patient | | |
| Assess patient: obtain vital signs if applicable | | |
| Review laboratory results and appropriateness of therapy | | |
| Perform hand hygiene | | |
| Inspect supplies for integrity and sterility: <ul style="list-style-type: none"> • Infusate • Administration set • Add-on-devices | | |
| Assemble administration set: <ul style="list-style-type: none"> • Remove administration set from packaging • Close clamp • Attach add-on device (if needed) | | |
| Prepare solution container: <ul style="list-style-type: none"> • Check medication or solution label: <ul style="list-style-type: none"> ○ Patient's Name ○ Medication and diluent ○ Expiration or beyond-use date • Remove outer cover (if not previously removed) • Verify correct solution (patient label if applied) • Inspect infusate for integrity and sterility (squeeze flexible bags to detect leaks) • Inspect solution for clarity or presence of particulate matter (discard if cloudy or has particulate matter in solution) • Verify cover of infusate's access port is intact • Remove protective cover from administration set's spike and infusate's access port • Insert spike into solution container • Hang container | | |
| Prime administration set, including add-on devices, and extension tubing: <ul style="list-style-type: none"> • Squeeze the drip chamber to fill to manufacture's mark (approximately one-third to one-half full) • Slowly open clamp to prime administration set while holding distal end of administration set upright, allowing filter (if used) to hang upside-down • Prime entire length of administration set and clamp | | |

Student Name: _____

Parenteral Medication and Solution Administration (page 2 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| <ul style="list-style-type: none"> Note for electronic infusion device (EID) infusate may need to be primed using pump-priming function per manufacture's recommendations | | |
| Don nonsterile gloves | | |
| Disinfect needless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Aspirate for a positive blood return from VAD to confirm patency | | |
| Flush VAD per institution policy | | |
| Initiate administration of medication or solution as ordered: | | |
| <ul style="list-style-type: none"> Slowly open clamp of administration set to begin infusion or turn on EID | | |
| <ul style="list-style-type: none"> Monitor drops per minute manually by counting drops to ensure proper administration rate, or observe EID for 1-2 minutes ensure proper administration rate | | |
| Document in patient's permanent medical record: <ul style="list-style-type: none"> Type of infusate administered Medication administered Dosage Route of administration, type of VAD Rate of infusion administration Type of flow control devise (if used) Date and time of administration Patient's response to medication and procedure Administering nurse's initials | | |

The student satisfactorily completed the procedure Parenteral Medication and Solution Administration according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Administer IV Push Medication

| Did the Student | Yes | No |
|--|------------|-----------|
| Obtain and review LIP's order: <ul style="list-style-type: none"> • Medication and Dosage • Check Patient's Medical Record for any ALLERGIES • Route of Administration • Frequency and duration | | |
| Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number | | |
| Explain procedure to patient | | |
| Assess patient: obtain vital signs if applicable | | |
| Review laboratory results and appropriateness of therapy | | |
| Perform hand hygiene | | |
| Check medication label for expiration or beyond-use-date, inspect syringe for leaks, cracks, particulate matter, and clarity of medication | | |
| Disinfect needless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Aspirate for a positive blood return from VAD to confirm patency | | |
| Flush VAD per institution policy | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Administer medication per rate on label: <ul style="list-style-type: none"> ○ Consult with pharmacy, drug reference book, Drug library, if rate is not specified | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Flush and Lock VAD | | |
| Dispose of used supplies in appropriate receptacles | | |
| Remove Gloves | | |
| Perform Hand Hygiene | | |
| Document in the patient's permanent medical record: <ul style="list-style-type: none"> ○ Medication ○ Date ○ Time of administration ○ Route ○ Patient's tolerance ○ VAD used ○ Administering nurse's initials | | |

The student satisfactorily completed the procedure "Administer IV Push Medication" according to the steps outlined.

Date

Faculty/Preceptor Signature

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Preparing Immediate-Use Parenteral – Medications (page 1 of 2)

| | | |
|--|------------|-----------|
| Medications prepared outside the pharmacy shall be prepared according to institution policy using aseptic technique and will be administered within one hour of the start of preparation | | |
| Single-dose containers (bottles, bags, vials, and syringes) are to be used within one hour of opening or needle entry. Any contents remaining in the container are NOT to be saved for future use | | |
| Did the Student | Yes | No |
| Obtain and review LIP's order: <ul style="list-style-type: none"> • Medication and Dosage • Check Patient's Medical Record for any ALLERGIES • Check Compatibility with diluent • Check Compatibility with all current infusate(s) • Obtain and follow the time required for administration of this medication based on route | | |
| Perform hand hygiene | | |
| Gather appropriate supplies (per institution policy) | | |
| Withdrawing from vial: <ul style="list-style-type: none"> ○ Scrub vial top with antiseptic solution; allow to air dry ○ If medication must be reconstituted, inject the appropriate amount of diluent and thoroughly mix medication ○ Apply needleless transfer device to vial (if available) ○ Attach syringe to needleless transfer device (if available) or use appropriate needle to withdraw medication dose from vial ○ If medication is to be administered using this syringe, Label syringe with patient's name, medication, dose and rate of infusion, date and time prepared, initials of person preparing medication, beyond use date, and time ○ To further dilute this medication ○ Obtain the proper type and amount of diluent ○ Scrub injection port of the diluent container with antiseptic solution allowing to air dry ○ Inject medication dose into container ○ Label diluent container with patient's name, medication, dose and rate of infusion, date and time prepared, initials of person preparing medication, beyond use date, and time | | |
| Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number | | |
| Explain procedure to patient | | |
| Assess patient: obtain vital signs if applicable | | |
| Review laboratory results and appropriateness of therapy | | |
| Perform hand hygiene | | |
| Don Nonsterile gloves | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |

Student Name: _____

Preparing Immediate-Use Parenteral – Medications (page 2 of 2)

| Did the Student | Yes | No |
|---|------------|-----------|
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needleless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Aspirate for a positive blood return from VAD to confirm patency | | |
| Flush VAD per institution policy | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Administer medication per rate on label <ul style="list-style-type: none"> ○ Consult with pharmacy, drug reference book, Drug library, if rate is not specified | | |
| Withdrawing from ampoule: <ul style="list-style-type: none"> ○ Apply filter needle (or filter straw) to syringe (per institution policy) ○ Break ampoule and withdraw contents ○ Remove filter needle and replace with an appropriate needleless transfer device (if available) or needle ○ If medication is to be administered using this syringe, Label syringe with patient’s name, medication, dose and rate of infusion, date and time prepared, initials of person preparing medication, beyond use date, and time. ○ To further dilute this medication: <ul style="list-style-type: none"> ○ Obtain the proper type and amount of diluent ○ Scrub injection port of the diluent container with antiseptic solution allowing to air dry ○ Inject medication dose into container ○ Label diluent container with patient’s name, medication, dose and rate of infusion, date and time prepared, initials of person preparing medication, beyond use date, and time. | | |
| Verify patient’s identity using 2 independent identifiers, not including patient’s room number or bed number | | |
| Explain procedure to patient | | |
| Assess patient: obtain vital signs if applicable | | |
| Review laboratory results and appropriateness of therapy | | |
| Perform hand hygiene | | |
| Don Nonsterile gloves | | |
| Attach syringe of preservative-free 0.9% sodium chloride (USP) to needlless connector while maintaining the sterility of the syringe tip | | |
| Open VAD clamp, if present | | |
| Aspirate for a positive blood return from VAD to confirm patency | | |
| Flush VAD per institution policy | | |
| Disinfect needleless connector with antiseptic wipe using friction and a scrubbing motion (per institution policy) allow to dry completely | | |
| Administer medication per rate on label: <ul style="list-style-type: none"> ○ Consult with pharmacy, drug reference book, Drug library, if rate is not specified | | |

The student satisfactorily completed the procedure “Admix Intravenous Medications” according to the steps outlined.

_____ Date

_____ Faculty/Preceptor Signature