HERZING UNIVERSITY | SCHOOL of NURSING

PERIPHERAL IV CATHETER INSERTION SKILL VALIDATION

Student Name: _____ Date: _____

Supplies Needed	EMS start kit, 22g IV catheter
Equipment Needed	IV arm task trainer, sharps container

	Points Allowed	1st Attempt	2nd Attempt
Preparation			
Perform I-CHECK: introduce yourself, check armband **(two patient identifiers),** hand hygiene, explain procedure, check order, and keep privacy	+1		
Attach needleless connector (j-loop or extension) to saline flush and prime tubing	+1		
Site Selection and Venipuncture			
Apply tourniquet 4-6 inches above site, palpate and select the most distal suitable vein, and release tourniquet	+1		
Cleanse insertion site with chlorhexidine or alcohol (soap and water first if visibly soiled), allowing it to fully dry	+1		
Reapply tourniquet 4-6 inches above the insertion site and stabilize the vein by placing thumb over vein 1.5 -2 inches below insertion site	+1		
Perform venipuncture with bevel up at a 10 to 30 degree angle, observe for blood return in flashback chamber • Advance catheter (not needle) into the vein using the push-off tab	+2		
Remove stylet and activate safety	+1		
Catheter Securement and Patency			
Stabilize the catheter, apply digital pressure to the vein proximal to the insertion site to minimize blood leakage • Release the tourniquet	+2		
Connect the extension tubing to the catheter • Aspirate to assess for blood return • Flush the IV catheter with normal saline to ensure patency	+3		
Secure the IV catheter and extension tubing with tape, securement device, and/or transparent dressing	+1		
Post-Procedure			
Label dressing with date, time, and initials	+1		
Dispose of sharps (e.g., needles, stylets) in the appropriate sharps container	+1		
Document the procedure, including date, time, site, catheter size, number of attempts, and patient's response. *No points but required*			
Total Points (successful/unsuccessful) 13 out of 16 needed to be successful			
1st Attempt Comments: **2Nd Attempt Comments:**			

Evaluator Initials or Signature: _____ Date: _____

1ST Attempt Pass _____**/ Needs Remediation**_____

Evaluator Initials or Signature: _____ Date: _____

2nd Attempt Pass _____**/ Lab Fail** _____

***Bolded** items: If missed and not caught, will result in an automatic unsuccessful* *Updated 11/16/2024*