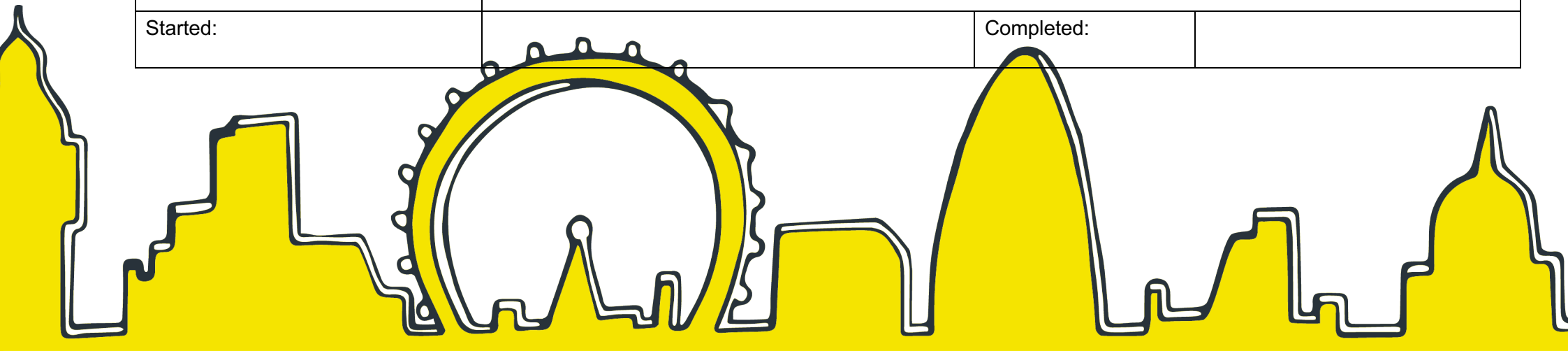
IV Therapy Passport

Practice Learning and Assessment document (PLAD)

Name:		Professional Registration Number	
		Or Student Number:	
Organisation name:			
Department or area of clinical practice:			
Started:		Completed:	



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Version Control			
Version	**Author**	**Date**	**Changes**
1.0		March 2020	
1.1	Susie Scott IV project lead	11/6/20	Minor changes to introduction and grammatical changes to guidance notes RCN Logo applied
1.2	Susie Scott IV project lead	13/8/20	Deletion of paragraph on validation: page 9 and edit to table p10

The IV Therapy Passport has been endorsed by the Royal College of Nursing until June 2023 and as such this Practice Learning and Assessment Document is available to use free of charge.

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Royal College of Nursing
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IV Therapy Passport pathway

The IV Therapy Passport pathway is an agreed approach to intravenous (IV) medication administration training and assessment developed and designed through collaboration with stakeholders from health care organisations and higher education institutes across London.

The pathway leads health care professionals (HCP) to gain an IV Therapy Passport which enables that person to transfer between organisations in London with their IV skills, without the need to retrain.

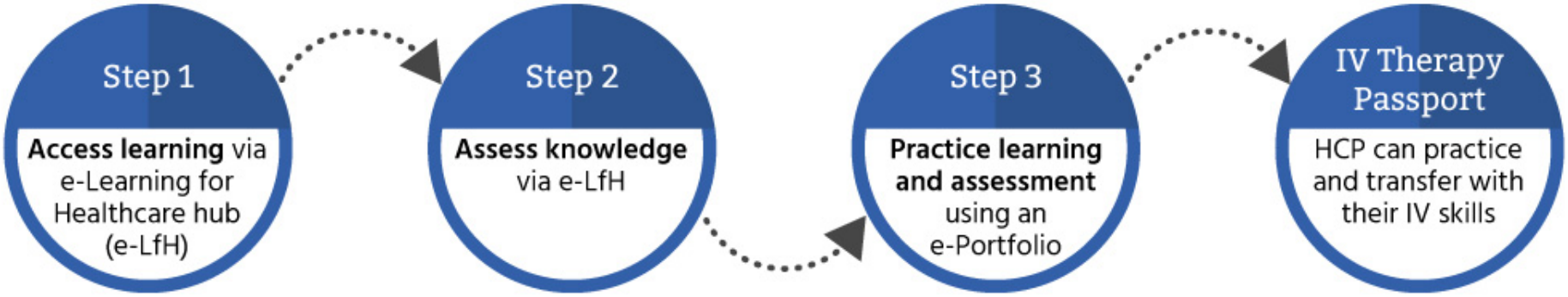
Although designed and developed in London, the pathway is of relevance nationally.

Who is the pathway for?

The pathway is designed for registered and student health care professionals caring for infants, children, young people and adults whose role requires the administration of intravenous medication for patients.

Health care professionals may access the pathway and passport from a variety of routes; as a pre-registration nurse or midwife, as an international recruit, after registration and as an existing member of the workforce.

The pathway is comprised of three steps as illustrated below:



Step 1 Access Learning

The IV Therapy Passport programme of e-learning is on the HEE e-Learning for Healthcare hub (e-LfH). This is free to access for health care professionals working within NHS organisations, charities, social care and Higher Education Institutions (HEI). This provides the full curriculum and is the preferred route to access the learning required for the passport.

Step 2 Assess Knowledge

Assessment of knowledge is via eAssessment on the e-LfH hub – this provides a standardised gateway to practice learning and assessment. This includes a drug calculations assessment.

Step 3 IV Practice Learning and Assessment

This IV Practice Learning and Assessment Document (IV PLAD) for the pathway is comprised of a set of core proficiencies and a choice of optional proficiencies, such as specific vascular access device proficiencies, accessed where relevant to a HCP's current role. This document becomes the HCP's IV Therapy Passport. The HCP's Passport is therefore personalised to the specific IV skills required to perform in their current role. When the HCP's role changes or develops, they may need to develop their IV skills and their IV Therapy Passport to meet the requirements of their next role. So, the IV Therapy Passport develops alongside the HCP.

IV Therapy Passport

The passport is the evidence of the HCP's learning, assessment and proficiency in IV therapy. On achievement of the IV Therapy Passport, the HCP can administer IV medication to patients and transfer to another organisation with these skills without the need to retrain.

In the new organisation, the HCP, alongside the educational supervisor, will need to identify if and where their IV therapy skills need to develop to meet the requirements of the next role. This conversation should be recorded on the Transfer Conversation Record, on page 33 (appendix 1) of this document.

Moving on to Step 3 Practice Learning and Assessment

Prior to commencing practice learning and assessment and to using the IV PLAD for the pathway, the HCP must have completed **Step 1** (access learning) and passed **Step 2** (assess knowledge) of the IV Therapy Passport pathway. Documentation of this achievement is recorded in the Record of Education and Knowledge Assessment below and is then available for future reference.

Progress to the IV Practice Learning and Assessment Document (IV PLAD) must be authorised by the person's educational supervisor. This person may be the line manager, practice educator or educational supervisor at University. This is achieved by full completion of the record of learning and knowledge assessment:

IV Therapy Passport: Record of Learning and Knowledge Assessment

Step 1 Access learning					
Evidence of completion:	Date completed	HCP's signature	Name of Educational Supervisor	Signature of Educational Supervisor	Date
eLfH's learner record or certificate reviewed: ☐					
Step 2 Assess knowledge					
Evidence of completion:	Date passed	HCP's signature	Name of Educational Supervisor	Signature of Educational Supervisor	Date
eLfH's learner record or certificate reviewed: ☐					

Pre-requisites to Supervised Clinical Practice

Health care professionals must meet the agreed pre-requisites to supervised clinical practice, which are:

- meet organisational requisites to administer non intravenous medication to patients
- complete all required organisational equipment training and assessments, including volumetric infusion pumps and syringe infusion pumps, relevant to IV administration
- complete organisational infection prevention and control (IPC) and aseptic technique training and assessment.
- read and understand organisational policy and guidance in relation to the administration of intravenous medication

	Date completed	**HCP's signature**	**Name of Educational Supervisor**	**Signature of Educational Supervisor**	**Date**
Non IV Medication administration					
Volumetric & Syringe infusion pump training					
IPC and aseptic technique training					
Organisational policy and guidance					

How to use this document

- The passport is made up of 28 Core Proficiencies plus Vascular Access Device proficiencies.
- Within the Core Proficiencies there are 4 Methods of Preparation and 4 Methods of Administration proficiencies
- Core proficiencies are compulsory with the exception of the Methods of Preparation and Methods of Administration proficiencies, where not all of them are required to achieve the IV Therapy Passport. The HCP must make a choice:
    - at least one Method of Preparation and one Method of Administration proficiency must be selected as a minimum, but all proficiencies that are relevant and required for your role must be achieved. For some HCP's this will be all of them
- There is a choice of Vascular Access Device proficiencies; at least one must be selected but all those relevant and required for your role
- These choices enable the passport to be specific and relevant to the HCP's role
- The minimum requirement for pre-registration students is one method of preparation proficiency, one method of administration proficiency and one vascular access device proficiency
- Please note, the HCP is only considered proficient in those skills for which the proficiencies are achieved and recorded
- As the HCP's role changes, the passport can be revisited, and additional proficiencies can be completed

Assessment

- Complete at least one supervised practice before proceeding to final assessment. There are additional optional opportunities for supervised practice within the core proficiencies which should be used to ensure practice reaches the required standard before the final assessment
- Refer to the Guidance Notes for Assessors and Learners prior to assessment. These are located in the appendix of this document.
- Proficiency is assessed by 'Achieved' or 'Not Achieved'
- For each assessment episode, record the date, rating and the assessor's signature
- HCP's are expected to demonstrate accessing medicine guidance and reference material during preparation
- HCP's are expected to use calculators and refer to formulae to perform drug calculations
- If proficiency is 'Not Achieved' during supervised practice, please use the Record of Action Planning pages to plan development according to learning needs
- Ensure proficiency reaches 'Achieved' during supervised practice before completing a final assessment
- If 'Not Achieved' is reached during final assessment, use the Record of Action Planning to identify where further development is needed and ensure clear communication with the line manager to support ongoing development

Proficiencies which the HCP select according to their role are listed in the Learning and Assessment Plan below.

Learning and Assessment Plan

Use this table to plan your learning and assessment with your educational supervisor:

Which Methods of Preparation are relevant to the HCP's current role?	Please tick	
Reconstitute IV medication from a powder		Find these proficiencies on page 16
Draw up liquid IV medication, dilute if required in a syringe		
Add IV medication to a bag for infusion		
Use pre-prepared IV medication		
Which Methods of Administration are relevant to the HCP's current role?		
Administer a timed bolus		Find these proficiencies on page 18
Administer an intermittent infusion using an infusion device		
Administer an intermittent infusion calculating drip rate		
Set up, administer and maintain a continuous infusion		
Which Vascular Access Devices are relevant to the HCP's current role?		
Peripheral Access Device Proficiencies		Find these proficiencies from page 20
Peripheral cannula		
Midline catheter		
Central Venous Access Device Proficiencies		Find these proficiencies from page 23
Central venous catheter (CVC) short term non skin tunnelled		
Central venous catheter (CVC) long term skin tunnelled		
Percutaneously inserted central catheter (PICC)		
Implanted Port		

Record of Assessors

Assessors must be deemed competent to administer intravenous medication by their home organisation

Assessors should be authorised to supervise and assess the practice of others by their line manager, who should consider their level of experience

A clear entry must be made on these pages by anyone initialing any part of this document, a practice supervisor or assessor.

Full name (Print)	Signature	Role	Organisation	Professional Registration Number (e.g. PIN)	Initials	Date of signing

Please note: assessors are asked to record their professional registration number for the purposes of ensuring individual assessors can be authenticated. Individual data will be stored securely.

Core Proficiencies

Proficiency statement	Supervised Practice At least one supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				Final Assessment **Achieved / Not Achieved** (Initial and date)
Patient					
1. Greet and positively identify the patient (right patient) against prescription					
2. Explain procedure to patient, and family where appropriate, and ensure patient is in a suitable and comfortable position					
3. Ensure informed consent is obtained from the patient or someone with parental responsibility where this is appropriate Or, If it is not possible to obtain informed consent, then the health care professional should demonstrate a clear understanding of the legal basis for administering the medicine					
Planning					
4. Assess patient's prescription to ensure it is clear, unambiguous, and due at this date and time (right time)					

Proficiency statement	**Supervised Practice** At least one supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				**Final Assessment** **Achieved / Not Achieved** (Initial and date)
5. Assess allergy status as documented, and by patient discussion if appropriate					
6. Access medicines guidance, reference material and advice					
7. Demonstrate appropriate knowledge of medicine to be administered					
8. Identify and assess suitable vascular access device, site or lumen for administration with rationale, considering compatibility with concurrent medicines and fluids (right route)					
9. Discuss actions to be taken in the event of a prescribing or administration error					
Correctly prepare medicine for the patient					
10. Assemble all required equipment					
11. Check medicine, diluents and flush against prescription (right drug)					

Proficiency statement	Supervised Practice At least one supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				Final Assessment **Achieved / Not Achieved** (Initial and date)
12. Check drug dose against prescription and calculate this accurately during reconstitution, considering displacement value and resulting concentration as applicable (right dose)					
13. Follow organisational infection prevention guidance and aseptic technique during preparation					
14. Methods of Preparation: (There is a choice of Methods of Preparation proficiencies; you must choose at least one but complete all those relevant to your role)					
14a) Reconstitute IV medication from powder					
14b) Draw up liquid IV medication, dilute if required in a syringe					
14c) Add IV medication to a bag for infusion					
14d) Use pre-prepared IV medication					
15. Prime suitable administration set for infusions, if used					

Proficiency statement	**Supervised Practice** At least one supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				**Final Assessment** **Achieved / Not Achieved** (Initial and date)
16. Prepare flush as required					
17. Obtain second, independent, check if required by organisational guidance					
18. Label all prepared medicines & administration sets					
Administration					
19. Follow organisational infection prevention guidance and aseptic technique during administration					
20. Decontaminate the vascular access device / needle free device on the access device					
21. Confirm patency of vascular access device using an appropriate technique for the device in use					

Proficiency statement	Supervised Practice At least one supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				Final Assessment **Achieved / Not Achieved** (Initial and date)
22. Discuss action should catheter occlusion be detected					
23. Methods of Administration: (There is a choice of Methods of Administration proficiencies; you must choose at least one but complete all those relevant to your role)					
23a) Administer a **timed bolus** at correct rate					
23b) Administer an **intermittent infusion** - calculate infusion rate for volumetric infusion pump or syringe infusion pump					
23c) Administer an **intermittent infusion** - calculate the infusion rate by drip rate					
23d) Set up, administer and maintain a **continuous infusion** – calculate infusion rate for volumetric infusion pump or syringe infusion pump					
24. Flush device after medicine administration to maintain patency and patient safety ending with positive pressure, using a push pause technique					

Proficiency statement	**Supervised Practice** At least <u>one</u> supervised practice must be completed for each proficiency prior to final assessment **Achieved / Not Achieved** (initial and date each occurrence)				**Final Assessment** **Achieved / Not Achieved** (Initial and date)
25. Monitor patient response to treatment during and after administration, showing awareness of signs of adverse effects and anaphylaxis.					
26. Discuss action to be taken in the event of an adverse effect or anaphylaxis					
27. Dispose of all equipment safely					
28. Complete documentation of administration, and escalation of any issues if needed					

Vascular Access Device Proficiencies

Peripheral Vascular Access Devices (PVAD):
Device care and management
Initial and date each assessment

	Peripheral Cannula		Midline Catheter	
Proficiency statement	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**
1. Correctly identify device and provide rationale on suitability for the patient				
2. Identify gauge size and discuss site selection and recommended dwell time			Not applicable	Not Applicable
3. Discuss tip location, and recommended dwell time	Not Applicable	Not Applicable		
4. Demonstrate measurement of catheter length and discuss implication of change in length	Not Applicable	Not Applicable		

	Peripheral Cannula		Midline Catheter	
Proficiency statement	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**
5. Identify and discuss potential risks and complications of the device and action to take: • Infection • Occlusion of device • Thrombosis • Phlebitis • Infiltration / extravasation • Leaking or dislodged device				
6. Assess device site and dressing by inspection				
7. Apply visual infusion phlebitis (VIP) criteria and decision making around suitability of the device for use				
8. Confirm patency of PVAD by flushing with a push pause technique ending with positive pressure, giving rationale				

	Peripheral Cannula		Midline Catheter	
Proficiency statement	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**
9. Discuss causes of, and action, should device occlusion be detected				
10. Maintain accurate documentation, including VIP score, catheter site care and specific interventions				

Central Venous Access Devices (CVAD): **Device care and management** Initial and date each assessment						
	Central Venous Catheter (CVC) short term non skin tunnelled		**CVC long term skin tunnelled**		**Percutaneously Inserted Central Catheter (PICC)**	
Proficiency statement	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**
1. Provide rationale for CVC placement and suitability for patient						
2. Identify and discuss potential risks and complications of the device and action to take: • Infection • Occlusion of the catheter/lumen • Thrombosis • Drug compatibility • Ruptured catheters/air embolism • Dislodged catheters						
3. Assess external length of the catheter and explain action if evidence of migration exists, referring to organisational guidance						

	CVC short term non skin tunnelled		CVC long term skin tunnelled		PICC	
Proficiency statement	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**
4. Assess CVC site, lumens and dressing by inspection, discussing with rationale the suitability of the catheter for use						
5. Confirm patency of CVC prior to use; discuss when and why aspirating prior to flushing is advised. Flush using a push pause technique ending with positive pressure, providing rationale						
6. Explain causes and procedure should the catheter have sluggish flow or be occluded, referring to organisational guidance						
7. Explain the rationale for checking patency of each lumen before medication administration and for flushing at intervals between administrations						

	CVC short term non skin tunnelled		CVC long term skin tunnelled		PICC	
Proficiency statement	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**	**Supervised Practice Achieved / Not Achieved**	**Final Assessment Achieved / Not Achieved**
8. Maintain accurate documentation and records of accessing the catheter, needle free connector change and drug administration						

Central Venous Access Devices (CVAD): **Device care and management** Initial and date each assessment		
	Implanted Central Venous Catheter (Port)	
Proficiency statement	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**
1. Provide rationale for port placement and suitability for the patient		
2. Identify and discuss potential risks and complications of the device and action to take: • Infection • Infiltration • Extravasation • Occlusion of the line/lumen • Thrombosis • Rupture • Dislodgment		
3. Assess port site and access needle; outlining indicators of risk or concern during inspection and assessment		
4. Confirm patency of the port and needle position by good blood return on aspiration		

	Implanted Central Venous Catheter (Port)	
Proficiency statement	**Supervised Practice** **Achieved / Not Achieved**	**Final Assessment** **Achieved / Not Achieved**
5. Demonstrate the correct 'push-pause' technique when flushing the port and ending with positive pressure.		
6. Maintain accurate documentation and records of accessing port.		

Record of Action Planning

Date	Feedback	Action Plan	Action Plan complete (name and sign)

Date	Feedback	Action Plan	Action Plan complete (name and sign)

IV Therapy Passport

This is a summary of the health care professional's IV Therapy Passport pathway. It details their specific intravenous therapy skills, which they are able to transfer between organisations with, without the need to retrain.

The following Record of Achievement details the specific proficiencies which the HCP has achieved. These will include the core proficiencies and the optional proficiencies which are relevant to their individual role, as identified during learning and assessment planning.

The HCP is considered proficient in those skills for which proficiencies have been achieved.

As the HCP transfers between organisations, and as the skills required for the new role change and develop, this passport can be developed.

Other proficiencies that become relevant for an HCP's role can be accessed at any time from the Methods of Preparation, Methods of Administration and the Vascular Access Device sections and when achieved this must be recorded in this Record of Achievement.

The IV Therapy Passport includes a Declaration of Practice and Transferable Skills, on page 32, which much be completed.

Record of Achievement

Record of Achievement:	
Health Care Professionals Name:	
Professional Registration Number Or Student Number:	
	Date and Signature of Assessor
Step 1: Access learning completed	
Step 2: Knowledge assessment completed	
Step 3: Practice Learning and Assessment	
IV PLAD Core proficiencies achieved:	
Which Methods of Preparation proficiencies are achieved?	
Reconstitute IV medication from a powder	
Draw up liquid IV medication, dilute if required in a syringe	
Add IV medication to a bag for infusion	
Use pre-prepared IV medication	
Which Methods of Administration proficiencies are achieved?	
Administer a timed bolus	
Administer an intermittent infusion using an infusion device	
Administer an intermittent infusion calculating drip rate	
Set up, administer and maintain a continuous infusion	
Which Vascular Access Device proficiencies are achieved?	
Peripheral Access Device Proficiencies	
Peripheral cannula	
Midline catheter	
Central Venous Access Device Proficiencies	
Central venous catheter (CVC) short term non skin tunnelled	
Central venous catheter (CVC) long term skin tunnelled	
Percutaneously inserted central catheter (PICC)	
Implanted Port	

Note: the date and signature of the assessor must be recorded here and details of assessors in the Assessor Record on page 13.

Declaration of Practice and Transferable Skills

I declare that I am clinically proficient to safely administer intravenous medication and have successfully completed the CapitalNurse IV Therapy Passport pathway.

I understand that I am considered proficient in the skills for which I have achieved proficiencies as detailed in the Record of Achievement in this passport. I understand that if I transfer to another organisation, I can transfer with these skills.

As an NMC or HPCP registrant, I understand that I am responsible and accountable for my IV therapy practice and am aware that I should bring to the attention of a more senior member of staff where I feel I do not have sufficient knowledge or skills to carry out any aspect of IV medication administration.

I understand that I must practice according to organisational practice guidance and policy.

Professional Development

I understand that if my role changes, I may need to expand my skills to meet the requirements of the next role. To do so, I would need to return to this passport to complete additional proficiencies from the Methods of Preparation, Methods of Administration or Vascular Access Device Proficiencies after discussion with my line manager or clinical practice educator.

I understand that I must ensure I meet the pre-requisites to clinical practice (page 10) in any organisation I work.

Health Care Professional:	
Name:	Professional Registration Number or Student Number:
Signed:	Date:
Organisation:	
Organisation's approved educational supervisor:	
I certify that …….. is deemed safe and proficient to administer IV medication via the methods and vascular access devices recorded in the Record of Achievement and that they have completed the IV Therapy Passport pathway	
Signed:	Date:
Name:	Professional Registration Number:
Position:	
Organisation:	

Appendix 1

Transfer Conversation Record

This transfer conversation record is designed to assess and plan the HCP's learning and development needs in IV therapy when they are transferring to a new organisation or changing role.

All skills recorded in the Record of Achievement in the IV Therapy Passport are transferable, but the HCP may need to expand their skills to meet the requirements of their next role.

Review the HCP's current Record of Achievement, then use the form below to guide your conversation and plan the learning and assessment needs.

HCPs can access e-LfH e-learning to develop / revise knowledge; this may be particularly relevant for drug calculation skills. Use the IV PLAD for supervision and assessment of new proficiencies.

Review the skills required in the new role and where the HCP's skills and passport will be developed	
Which new Methods of Preparation are required in the new role?	
Reconstitute IV medication from a powder	
Draw up liquid IV medication, dilute if required in a syringe	
Add IV medication to a bag for infusion	
Use pre-prepared IV medication	
Which new Methods of Administration are required in the new role?	
Administer a timed bolus	
Administer an intermittent infusion using a infusion device	
Administer an intermittent infusion calculating drip rate	
Set up, administer and maintain a continuous infusion	
Which new Vascular Access Devices are required in the new role?	
Peripheral Access Device Proficiencies	
Peripheral cannula	
Midline catheter	
Central Venous Access Device Proficiencies	
Central venous catheter (CVC) short term non skin tunnelled	
Central venous catheter (CVC) long term skin tunnelled	
Percutaneously inserted central catheter (PICC)	
Implanted Port	
Make plans to meet other organisational requirements for IV Practice	
• IPC and Aseptic Technique training • Volumetric and syringe infusion pump training • Non IV medication administration	• Organisational policy and practice for IV administration and IPC • Specialist training; critical care, community practice, systemic anti-cancer therapy etc.

Appendix 2
Guidance for Assessors and Learners

Proficiency statement	Guidance Notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
Core Proficiencies	
Patient	
1. Greet and positively identify the patient (*right patient*) against prescription	• Communicate in a caring and sensitive manner at all times • Where possible asking the patient to identify themselves • Refer to patient identity wrist band, patient's medical records, medication administration record to confirm they all match for the patient. Note; some organisations may use barcode scanning for patient identification
2. Explain procedure to patient, and family where appropriate, and ensure patient is in a suitable and comfortable position	• Explanation of procedure provided with rationale for the administration of intravenous medication • Ensure patient comfort and implement methods to reduce or alleviate any anxiety
3. Ensure informed consent is obtained from the patient or someone with parental responsibility where this is appropriate Or, If it is not possible to obtain informed consent, then the health care professional should demonstrate a clear understanding of the legal basis for administering the medicine	• Provide information appropriate to patient's level of understanding, culture, background and communication needs • Check patient understanding • Ensure any questions or concerns are attended to • Referring to organisational guidance, show understanding of when the patient themselves may be unable to consent and subsequent actions to follow (including when the patient is a child) • Escalate difficulties to appropriate member of staff

Planning	
4. Assess patient's prescription to ensure it is clear, unambiguous, and due at this date and time (*right time*)	• Check and accurately interpret the whole prescription chart • Consider and review when the medication was last given • Question incorrect prescribing, discrepancies or any concerns, and contact relevant medical staff for review
5. Assess allergy status as documented, and by patient discussion if appropriate	• Check documented allergy on prescription • Confirm allergy status with patient, where possible • Consider presence allergy band during assessment
6. Access medicines guidance, reference material and advice	• Demonstrate use of resources i.e. current BNF, Injectable Medicines Guide (e.g. Medusa, drug information leaflet) • Identify other sources of guidance (e.g. medicines information pharmacist, ward pharmacist, site manager, senior nurse) • Interpret guidance and apply to practice
7. Demonstrate appropriate knowledge of medicine to be administered such as: • Indication for medicine, and clinical need for this patient (*right medicine*) • Dose range (*right dose*) • Appropriate routes, method for administration and why IV is needed (*right route*) • Potential side effects • Any potential contraindication, and decision making around this e.g. lab results, drug level, patient condition, medical history	• Aware of circumstances when it may be inappropriate to administer an IV medication • Assess and consider patient's condition and suitability for treatment throughout process • Aware of considerations or special instructions that may influence decision making on administration and monitoring (e.g. patient therapeutic drug level monitoring, laboratory results, blood glucose monitoring, loading dose) • Decide between central and peripheral administration giving rationale • Discuss and show decision making around method of preparation and administration for medicine and patient monitoring
8. Identify and assess suitable vascular access device, site or lumen for administration with rationale, considering compatibility with concurrent medicines and fluids (right route)	• Discuss decision making on central vs peripheral route considering the medication and the patient • Discuss compatibility with concurrent medicines and diluents and apply to decision making around choice of lumen for administration or timing of administration

	• Inspect VAD site and dressing and checking suitability for use • Discuss signs of complications with VAD
9. Discuss actions to be taken in the event of a prescribing or administration error	• State actions and act to protect patient from harm • Maintain accurate records of event • Aware of relevant organisational documentation for medication errors, as appropriate
Correctly prepare medicine for the patient	
10. Assemble all required equipment	• Discuss and demonstrate planning to ensure all necessary equipment is prepared so to avoid interruption to the process and to asepsis
11. Accurately check medicine, diluents and flush against prescription (right drug)	• Check name and strength of the medicine • Check to include expiry date, packaging integrity, discolouration and that the medicine has been stored correctly e.g. refrigeration • Note opening date of multi-dose vials e.g. insulin • Use pre-prepared preparations, including flush solutions (such as Posiflush), where available • Check compatibility of any diluents and concurrent medication using Injectable Medicines guidance
12. Check drug dose against prescription and calculate this accurately during reconstitution, considering displacement value and resulting concentration as applicable	• Demonstrate correct calculation of medicine dosage e.g. dilution / concentration / displacement value
13. Follow organisational infection prevention guidance and aseptic technique during preparation	• Demonstrate risk assessment, appropriate selection of personal protective equipment and strict hand hygiene • Ensure strict adherence to aseptic technique • Can explain the importance of strict adherence given the clinical setting
14. Method of Preparation:	

14a) Reconstitute IV medication from powder	• Appropriate vial and most appropriate diluent size selected to achieve prescribed dose • Vial cleaned with 2% chlorhexidine gluconate in 70% alcohol • Blunted needle used to accurately inject required volume of diluent to the vial to enable the powder to dissolve and achieve the required concentration • Accurate in withdrawing correct volume for the prescribed dose
14b) Draw up liquid IV medication, dilute if required in a syringe	• Ampoule cleaned with 2% chlorhexidine gluconate in 70% alcohol • Calculate volume to draw up into syringe to ensure correct dose • Blunted needle used to accurately draw up required volume (following dosage calculation)
14c) Add IV medication to a bag for infusion	• Injection port cleaned with 2% chlorhexidine in 70% alcohol • Accurate in calculating volume required to add the prescribed dose to infusion bag • Accurate in injecting required volume to add prescribed dose to the infusion bag (following dosage calculation) • Aware to use resulting infusion volume to calculate infusion rate
14d) Use pre-prepared IV medication	• Demonstrate thorough check of medicine, expiry date, total dosage and volume and resulting concentration
15. Prime suitable administration set for infusions, if used	• Prime administration set being careful to avoid entraining air bubbles • Able to discuss evidence based and organisational guidance on the frequency of changing continuous and intermittent infusion sets • Demonstrate labelling on infusion set
16. Prepare flush as required	• Aware recommended flush solution is sodium chloride 0.9%, unless incompatible
17. Obtain second, independent, check if required by organisational guidance	• Follow organisational guidance on second independent check

18. Label all prepared medicines & administration sets	• Accurate in preparing medicine additive label and applies it to the infusion without obscuring the drug and patient information • Demonstrate labelling of an administration set
Administration	
19. Follow organisational infection prevention guidance and aseptic technique	• Demonstrate risk assessment, appropriate selection of personal protective equipment and strict hand hygiene • Ensure strict adherence to aseptic technique • Can explain the importance of strict adherence given the clinical setting
20. Decontaminate the vascular access device / needle free connector on the access device	• Ensure strict adherence to aseptic technique throughout to avoid contamination • Decontaminate surface of device or needle free connector with chlorhexidine 2% in isopropyl alcohol 70% wipe for a minimum of 15 seconds and leave to air dry for 30 seconds • Provide rationale for chlorhexidine but is aware of potential for sensitivity • Explain rationale for decontamination technique and air drying • If decontamination caps are used in organisation, able to explain correct indication and use according to organisation's and manufacturer's guidance
21. Confirm patency of vascular access device using an appropriate technique for the device in use	• Demonstrate knowledge on methods for confirming patency for devices relevant to HCP's scope of practice • Aware of when to aspirate and when to flush • Explain actions in the event of occlusion of the vascular access device as per organisational guidance • Correct selection of flush solution (unless incompatible, usually sodium chloride 0.9%) • Discuss benefits of turbulent fluid flow and positive pressure in maintaining patency
22. Discuss action should catheter occlusion be detected	• Correct action identified, giving rationale

23. Method of Administration:	
23a) Administer a **timed bolus** at correct rate	• Administer over recommended time
23b) Administer an **intermittent infusion** - calculate infusion rate for volumetric infusion pump or syringe infusion pump	• Select appropriate device (volumetric pump or syringe driver) for medicine delivery • Accurately programme device (infusion rate) for medicine delivery, considering prescribed dose and volume
23c) Administer an **intermittent infusion** - calculate the infusion rate by **drip rate**	• Select appropriate administration set for medicine delivery • Calculate the correct drip rate for the prescribed dose and recommended infusion time
23d) Set up, administer and maintain a **continuous infusion**	• Select appropriate device (volumetric pump or syringe pump) for medicine delivery • Accurately programme device (infusion rate) for medicine delivery considering prescribed dose and volume
24. Flush device after medicine administration to maintain patency and patient safety, using a push pause technique ending with positive pressure	• Select appropriate flush solution (sodium chloride 0.9%) • Effective push-pause flush technique to generate turbulent flow and positive pressure • Check vascular access device to visible remnants of medicine
25. Monitor patient response to treatment during and after administration, showing awareness of signs of adverse effects and anaphylaxis.	• Discuss potential side effects of the medicine administered • Can explain what observations to monitor given the medication administered • Can explain which medicines might require further / more focused monitoring of the patient following administration
26. Discuss action to be taken in the event of an adverse effect or anaphylaxis	• Show understanding of organisational guidance on actions to be taken in the event of any adverse reaction to medicines • Aware of which medicines are used to treat anaphylaxis • Can explain physiology of certain drug reactions including anaphylaxis

27. Dispose of all equipment safely	• Use appropriate equipment for disposal
28. Complete documentation of administration, and escalation of any issues if needed	• Clear, accurate and timely documentation • Can describe appropriate actions to be taken in the event of an adverse reaction or medication error

Vascular Access Devices Proficiencies	
Peripheral Vascular Access Device (PVAD): **Device care and management.** **Peripheral cannula and midline catheter**	
1.Correctly identify device and provide rationale on suitability for the patient	• Differentiate between peripheral cannula and midline • Know why a midline would be inserted instead of a cannula and can justify the suitability for the patient
2. Identify gauge size and discuss site selection and recommended dwell time	• Identify different sites for peripheral cannula and midline • Recognise and explain why different dwell times are recommended
3. Discuss tip location, and recommended dwell time	• Identify site for midline
4. Demonstrate measurement of catheter length and discuss implication of change in length	• Aware of length of midline compared to cannula • Able to discuss implications of migration
5. Identify and discuss potential risks and complications of the device and action to take: • Infection • Occlusion of line • Thrombosis • Phlebitis • Infiltration / extravasation • Leaking or dislodged lines	• Discuss organisational guidance to manage and to escalate for each complication • Aware of indications or signs of each complication

6. Assess device site and dressing by inspection	• Discuss action to be taken if a complication is detected • Consider dwell time, device stabilisation and security, malposition, protection offered by dressing, evidence of phlebitis • Seek advice from appropriate member of staff to manage complication and enable treatment to continue
7. Apply visual infusion phlebitis (VIP) criteria and decision making around suitability of the line for use	• Familiarity of VIP criteria and where to access it
8. Confirm patency of PVAD by flushing with a push pause technique ending with positive pressure, giving rationale	• Discuss benefits of turbulent fluid flow and positive pressure in maintaining patency • Aware to aspirate midline to check for blood return to confirm patency prior to flushing
9. Discuss causes of, and action, should device occlusion be detected	• Aware to refer to organisational guidance to identify appropriate actions • Correct action identified, giving rationale
10. Maintain accurate documentation, including VIP score, catheter site care and specific interventions	• Clear, accurate and timely documentation • Uses appropriate documentation / tool e.g. VIP

Central Venous Access Device (CVAD)	
Central Venous Catheter (CVC) – short term (non skin-tunnelled), long term (skin tunnelled) and PICC	
1. Provide rationale for CVC placement and suitability for patient	• Discuss why CVC chosen over PVAD e.g. potent medication, vesicant solutions with high osmolarity, number of concurrent medications • Aware of potential sites of CVC and why femoral is avoided where possible • Check for documentation confirming placement and position of CVC by chest x-ray and then ongoing position by blood withdrawal
2. Identify and discuss potential risks and complications of the device and action to take: • Infection • Occlusion of the line/lumen • Thrombosis • Drug compatibility • Ruptured lines/air embolism • Dislodged lines	• Discuss organisational guidance to manage and to escalate for each complication • Aware of indications or signs of each complication • Discuss where to check drug compatibility and importance with multi lumen CVCs • Discuss how to recognise a dislodged line e.g. sutures no longer attached to skin
3. Assess external length of the catheter and explain action if evidence of migration exists, referring to organisational guidance	• Can discuss migration, showing understanding of how many cm difference in length is acceptable • Aware that external length must be documented on insertion for reference and able to show where to find this to refer to
4. Assess CVC site, lumens and dressing by inspection, discussing with rationale the suitability of the line for use	• State action to take if a complication is detected with CVC • Assess security of CVC by presence of dressing and sutures (from line to skin rather than hub to skin at entry point), and or a stabilisation device • Aware of how to manage multiple lumens and multiple medications safely including compatibilities and labelling • Seek advice from appropriate member of staff to manage complication and enable continuation of treatment

	• Complete related documentation accurately
5. Confirm patency of CVC prior to use; discuss when and why aspirating prior to flushing is advised. Flush using a push pause technique ending with positive pressure, providing rationale	• Discuss why central venous access devices are aspirated (to check for blood return to confirm patency, assess catheter function and avoid complications during administration,) prior to flushing • Discuss when a CVC might not be aspirated, reflecting organisational guidance • Explain actions in the event of occlusion of the vascular access device as per organisational guidance • Correct selection of flush solution (unless incompatible, usually sodium chloride 0.9%) • Rationalise flush volume in relation to line / lumen • Discuss benefits of turbulent fluid flow and positive pressure in maintaining patency
6. Explain causes and procedure should the catheter have sluggish flow or is occluded, referring to organisational guidance	• Aware to refer to organisational guidance to identify appropriate actions including drugs / solutions to clear the line • Correct action identified, giving rationale
7. Explain the rationale for checking patency of each lumen before medication administration and for flushing at intervals between administrations	• Aware of importance of promoting and maintain patency • Aware of risk of mixing of incompatible medications or solutions
8. Maintain accurate documentation and records of the accessing line, needle free connector change and drug administration	• Clear, accurate and timely documentation • Use appropriate documentation / tool e.g. VIP

Implanted central venous catheter (port)	
1. Provide rationale for port placement and suitability for the patient	• Understand reasons why an implanted port is appropriate for this patient's needs • Aware of where and how they are placed in the body • Demonstrate good understanding of organisational guidance on implanted ports • Check for documentation confirming placement and position of the port
2. Identify and discuss potential risks and complications of the device and action to take: • Infection • Infiltration • Extravasation • Occlusion of the line/lumen • Thrombosis • Rupture • Dislodgement	• Aware of indications or signs of each complication • Discuss organisational guidance to manage and to escalate for each complication
3. Assess the port site and access needle; outlining indicators of risk or concern during inspection and assessment	• Thorough check of the vascular access site is demonstrated looking for signs of infection, phlebitis or swelling or leakage • Check needle for accessing port is secured well and the end of the extension has a 'hub' • Check date access needle needs changing, refer to organisational guidance • Aware of how to access organisational guidance on complications with ports and can discuss the actions to take to escalate concerns
4. Confirm patency of the port and needle position by good blood return on aspiration	• Reflect organisational guidance in practice • Able to confirm good blood return on aspiration with no signs of swelling, pain or other symptoms experienced by the patient • Able to identify persistent withdrawal occlusion (PWO) and total occlusion • Explain procedure if PWO or total occlusion are detected, reflecting organisational guidance

5. Demonstrate the correct ‘push-pause’ technique when flushing the port and ending with positive pressure.	• Correct selection of flush solution (unless incompatible, usually 0.9% sodium chloride) • Effective push-pause flush technique, ending with positive pressure, to generate turbulent flow and positive pressure
6. Maintain accurate documentation and records of the accessing line.	• Safe to use • Clear, accurate and timely documentation • Clear record of checks around safety to use port • Clear record of access needle insertion and accessing interval • Uses appropriate documentation / tool to record phlebitis score