

IV Therapy Passport

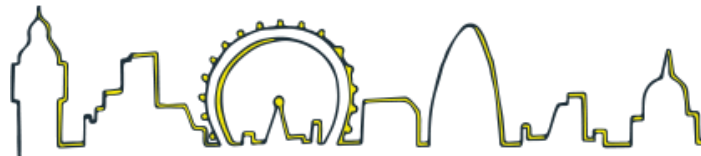
Step 3: Practice Learning and Assessment

Name:

Professional registration number or student number:

Name of organisation:

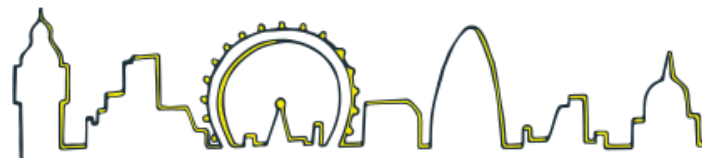
Department or area of clinical practice:



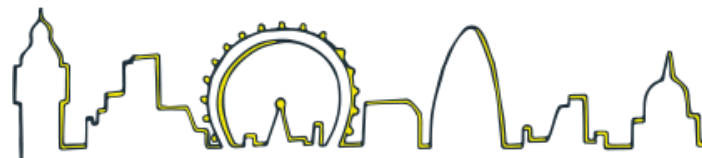


The IV Therapy Passport has been endorsed by the Royal College of Nursing until June 2023 and as such this practice learning and assessment document is available to use free of charge.

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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 providers 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.

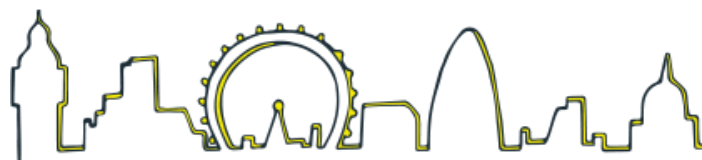
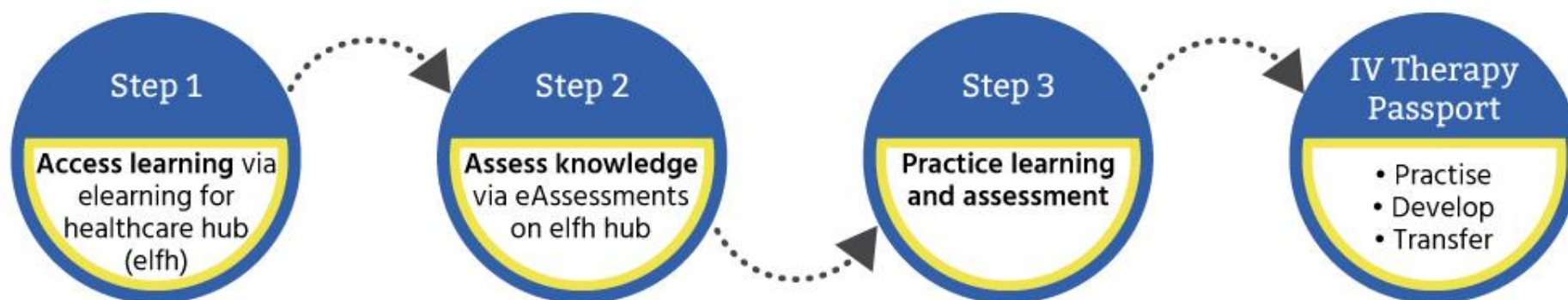
Although designed and developed in London, the pathway is of relevance nationally.

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 Health Education England (HEE) e-Learning for Healthcare hub (elfh). 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 elfh hub – this provides a standardised gateway to practice learning and assessment. This includes a drug calculations assessment.

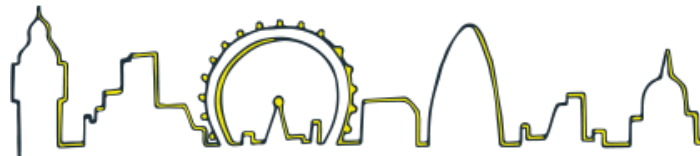
Step 3 IV practice learning and assessment

This IV practice learning and assessment component 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 paper 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. The practice learning and assessment component will become available to use in a digital format (digital IV Therapy Passport) as an alternative to this paper format).

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 'Record of achievement' and 'Declaration of practice' on pages 31 and 32 must be completed. The HCP can then administer IV medication to patients (practise), develop their proficiencies 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', appendix 1 of this document.



Moving on to step 3 practice learning and assessment

Prior to commencing practice learning and assessment (step 3), 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' and is then available for future reference.

Progress to practice learning and assessment must be authorised by the person's educator / manager. This person will be based in practice for the post registration HCP or within an HEI for pre-registration learners. This is achieved by full completion of this 'record of learning and knowledge assessment':

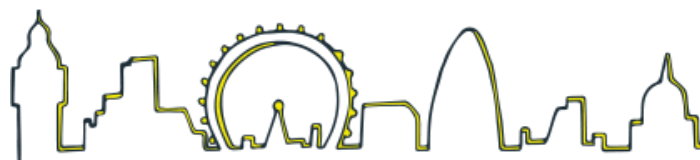
Record of learning and knowledge assessment

Step 1 access learning

Details of evidence of e-learning completion	Date completed	HCP's signature	Name of educator / manager	Signature of educator / manager	Date

Step 2 assess knowledge

Details of evidence of eAssessment completion	Date passed	HCPs signature	Name of educator / manager	Signature of educator / manager	Date

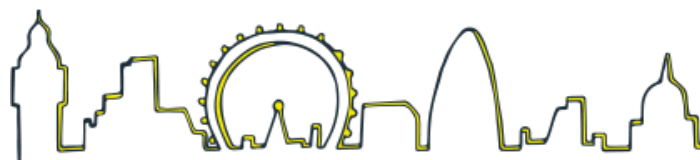


Pre-requisites to supervised clinical practice

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

- 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.

Pre-requisite to supervised clinical practice	Date completed	HCP's signature	Name of educator / manager	Signature of educator / manager	Date
Non IV medication administration					
Volumetric and 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 except for 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 which must include:

- at least one method of preparation proficiency;
- at least one method of administration proficiency;
- all proficiencies that are relevant and required for your role — for some HCP's this will be all of them.

There is a choice of vascular access device proficiencies. The HCP must make a choice which must include:

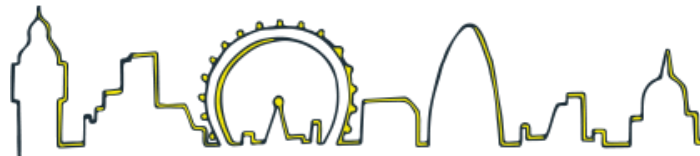
- at least one venous access device proficiency;
- all venous access device proficiencies relevant and required for your role.

These choices should be discussed with the educator / manager and recorded in the 'learning and assessment plan' prior to beginning supervised practice. This enables 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

Proficiencies which the HCP select according to their role are listed in the 'Learning and assessment plan' on page 9.



Learning and assessment plan

Use this list of optional proficiencies to identify and plan your learning and assessment with your educator / manager. Select those that are relevant to your role:

Methods of preparation proficiencies

- 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.

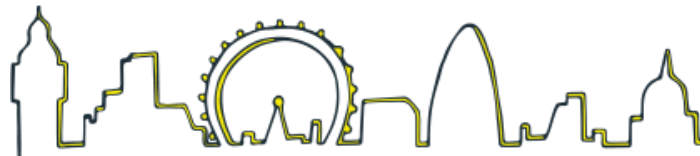
Methods of administration proficiencies

- 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.

Venous access device proficiencies

- peripheral cannula;
- midline catheter;
- central venous catheter (CVC) short term non skin tunnelled;
- central venous catheter (CVC) long term skin tunnelled;
- percutaneously inserted central catheter (PICC);
- implanted port;
- umbilical venous catheter.

Use the table of contents to locate the core proficiencies and the optional ones you have selected.



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., NMC PIN)	Initials	Date of signing

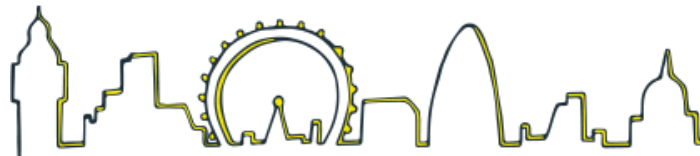
Please note: assessors are asked to record their professional registration number for the purposes of ensuring individual assessors can be authenticated. Individual data will be stored securely.



Assessment of proficiencies

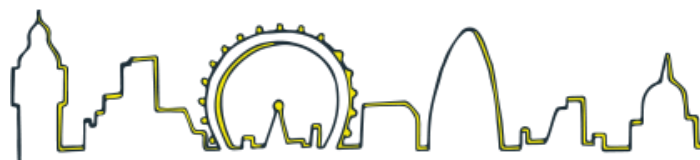
Assessment must follow the following guidance:

- complete at least one first assessment before proceeding to final assessment;
- use additional optional opportunities for supervised practice within the core proficiencies to ensure practice reaches the required standard before the final assessment;
- refer to the 'guidance notes for assessors and learners' (appendix 2) prior to assessment;
- proficiency is assessed by 'achieved' or 'not achieved'
- for each assessment episode, record the date, rating and the assessor's signature;
- HCPs are expected to demonstrate accessing medicine guidance and reference material during preparation;
- HCPs 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 the first assessment before completing a final assessment;
- if proficiency is not achieved 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.

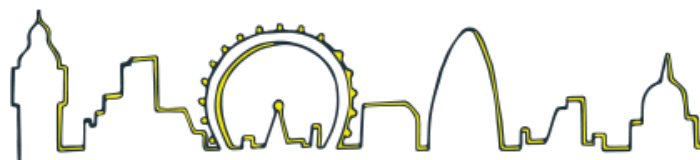


Core proficiencies

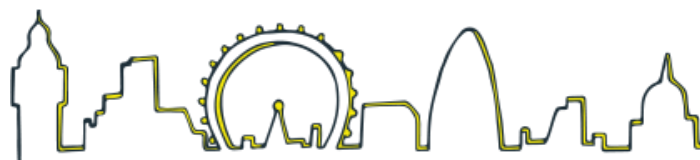
Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
Patient: 1. Greet and positively identify the patient (right patient) against prescription					
2. Explain procedure to patient, and family where appropriate, and ensure patient is in a suitable and 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					



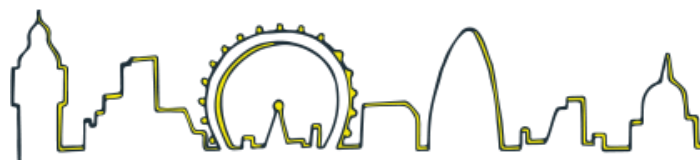
Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
Planning: 4. Assess patient's prescription to ensure it is clear, unambiguous, and due at this date and time (right time)					
5. Assess allergy status as documented, and by patient discussion if 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					



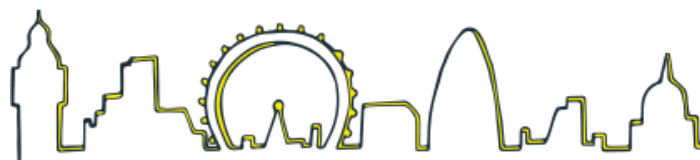
Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
Correctly prepare medicine for the patient: 10. Assemble all required equipment					
11. Check medicine, diluents and flush against prescription (right drug)					
12. Check drug dose against prescription 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					
Methods of preparation: 14a) Reconstitute IV medication from powder					
14b) Draw up liquid IV medication, dilute if required in a syringe					



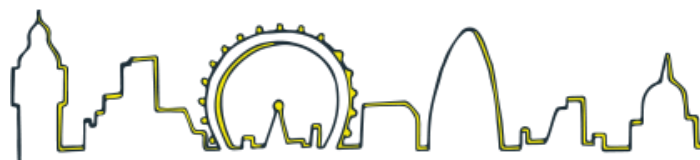
Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
14c) Add IV medication to a bag for infusion					
14d) Use pre-prepared IV medication					
15. Prime suitable administration set for infusions, if used					
16. Prepare flush as required					
17. Obtain second, independent, check if required by organisational guidance					
18. Label all prepared medicines and 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					



Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
21. Confirm patency of vascular access device using an appropriate technique for the device in use					
22. Discuss action should catheter occlusion be detected					
Methods of administration: 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					



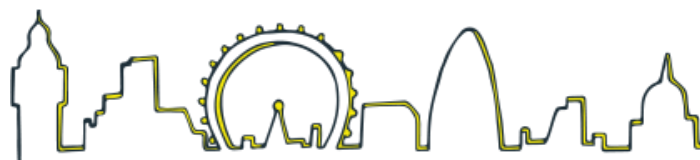
Proficiency statement	First assessment	Optional assessment	Optional assessment	Optional	Final assessment
24. Flush device after medicine administration to maintain patency and patient safety ending with positive pressure, using a push pause technique					
25. Monitor patient response to treatment during 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					



Venous access device proficiencies

Peripheral venous access devices (PVAD): peripheral cannula and midline catheter

Proficiency statement	Peripheral Cannula		Midline Catheter	
	First Assessment	Final Assessment	First Assessment	Final Assessment
1. Correctly identify device and provide rationale on suitability for the patient				
2. Identify gauge size and discuss site selection and recommended dwell time			Proficiency not applicable for midline catheter	Proficiency not applicable for midline catheter
3. Discuss tip location, and recommended dwell time	Proficiency not applicable for peripheral cannula	Proficiency not applicable for peripheral cannula		
4. Demonstrate measurement of catheter length and discuss implication of change in length	Proficiency not applicable for peripheral cannula	Proficiency not applicable for peripheral cannula		



	Peripheral Cannula		Midline Catheter	
Proficiency statement	First Assessment	Final Assessment	First Assessment	Final Assessment
5. Identify and discuss potential risks and complications of the device and action to take: <ul style="list-style-type: none"> • 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				
9. Discuss causes of, and action, should device occlusion be detected				

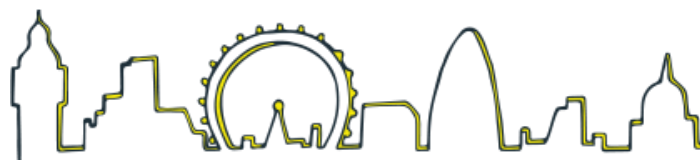


	Peripheral Cannula		Midline Catheter	
Proficiency statement	First Assessment	Final Assessment	First Assessment	Final Assessment
10. Maintain accurate documentation, including VIP score, catheter site care and specific interventions				



Central Venous Access Devices (CVAD): central venous catheter (CVC) short term non skin tunnelled, long term skin tunnelled and percutaneously inserted central catheter (PICC)

Proficiency statement	CVC short term non skin tunnelled		CVC long term skin tunnelled		Percutaneously Inserted Central Catheter (PICC)	
	First Assessment	Final Assessment	First Assessment	Final Assessment	First Assessment	Final Assessment
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: <ul style="list-style-type: none"> • Infection • Occlusion of the catheter/lumen • Thrombosis • Drug compatibility • Ruptured catheters/air embolism • Dislodged catheters 						



	CVC short term non skin tunnelled		CVC long term skin tunnelled		Percutaneously Inserted Central Catheter (PICC)	
Proficiency statement	First Assessment	Final Assessment	First Assessment	Final Assessment	First Assessment	Final Assessment
3. Assess external length of the catheter and explain action if evidence of migration exists, referring to organisational guidance						
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						

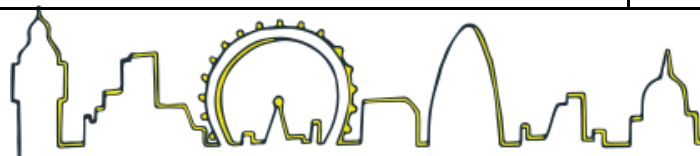


	CVC short term non skin tunnelled		CVC long term skin tunnelled		Percutaneously Inserted Central Catheter (PICC)	
Proficiency statement	First Assessment	Final Assessment	First Assessment	Final Assessment	First Assessment	Final Assessment
6. Explain causes and procedure should the catheter have sluggish 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						
8. Maintain accurate documentation and records of accessing the catheter, needle free connector change and drug administration						

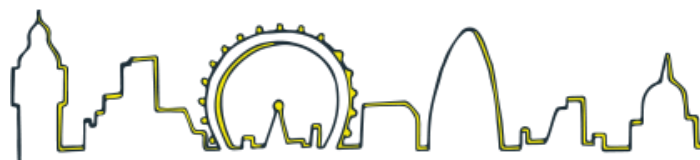


Central venous access device (CVAD): implanted central venous catheter (port)

Proficiency statement	First Assessment	Final Assessment
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: <ul style="list-style-type: none"> • 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		
5. Demonstrate the correct 'push-pause' technique when flushing the port and ending with positive pressure.		

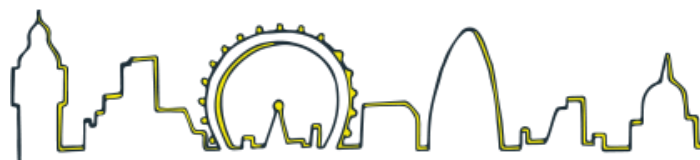


Proficiency statement	First Assessment	Final Assessment
6. Maintain accurate documentation and records of accessing port.		

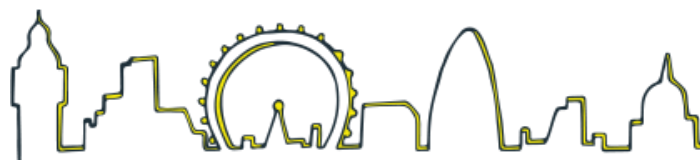


Central venous access device (CVAD): umbilical venous catheter (UVC)

Proficiency statement	First Assessment	Final assessment
1. Provide rationale for UVC placement and suitability for patient		
2. Identify and discuss potential risks and complications of the device and action to take: <ul style="list-style-type: none"> • Infection / Umbilical flare • Occlusion of the catheter / lumen • Thrombosis • Drug Compatibility • Ruptured catheters / air embolism • Dislodged catheters • Bleeding and oozing from insertion site • Extravasation 		
3. Assess external length of the catheter and explain action if evidence of migration exists, referring to organisational guidance		

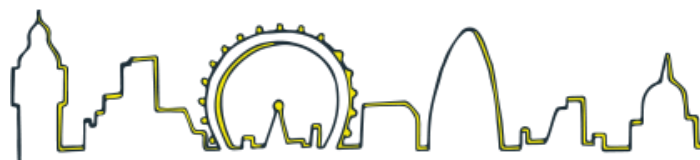


Proficiency statement	First Assessment	Final assessment
4. Assess UVC site, lumens and ensure line is secure, discussing with rationale the suitability of the catheter for use		
5. Confirm patency of UVC prior to use. Flush using the correct concentration of flush solution and volume. Flush using a push pause technique ending with positive pressure, providing rationale		
6. Explain causes and procedure should the catheter have sluggish flow or is occluded, referring to organisational guidance		
7. Explain the rationale for checking patency of each available lumen before use, and flush accessible lumens at regular intervals		
8. Maintain accurate documentation and records of the accessing line and drug administration		



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 Record of Achievement

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.

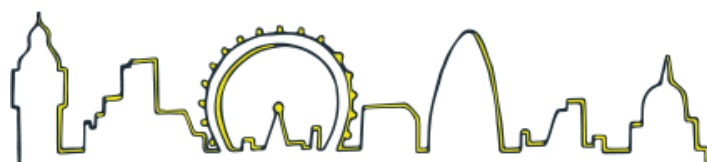
Please note; the 'record of achievement' should be dated and signed by the assessor or educator / manager. Their signature must also be recorded in the 'Assessor record' on page 10.

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 must be completed.



Record of Achievement

Name:

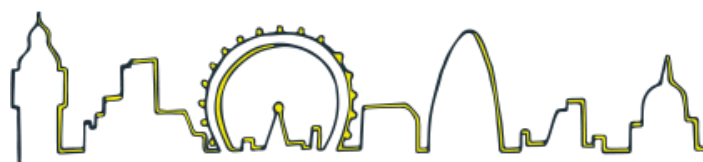
Professional registration number:

Record of IV Therapy Passport pathway completion	Date achieved and signature
Step 1: Access learning completed	
Step 2: Knowledge assessment completed	
Step 3: Practice Learning and Assessment: compulsory core proficiencies achieved	

Optional methods of preparation proficiencies	Date achieved and signature
14a Reconstitute IV medication from a 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	

Optional methods of administration proficiencies	Date achieved and signature
23a Administer a timed bolus	
23b Administer an intermittent infusion using an infusion device	
23c Administer an intermittent infusion calculating drip rate	
24d Set up, administer, and maintain a continuous infusion	

Optional venous access device proficiencies	Date achieved and signature
Peripheral cannula	
Midline catheter	
Central venous catheter (CVC) short term non skin tunnelled	
Central venous catheter (CVC) long term skin tunnelled	
Percutaneously inserted central catheter (PICC)	
Implanted Port	
Umbilical Venous Catheter	



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 in any organisation I work.

Health Care Professional:

Name:

Signature:

Professional registration number or student number:

Organisation:

Date:

Organisation's approved educator / manager:

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

Signature:

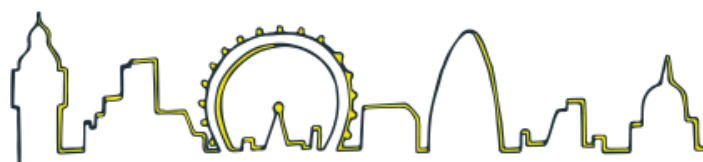
Date:

Name:

Position:

Professional registration number:

Organisation:



Appendices

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 select new proficiencies required from this list. The same list appears in the 'Learning and assessment plan' so this can also be adjusted as well.

Methods of Preparation

- 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.

Methods of Administration

- 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.

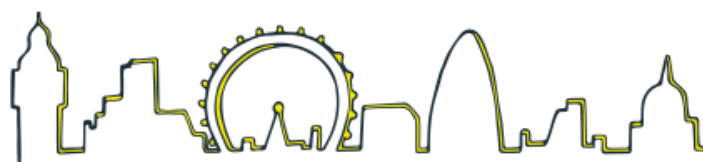
Venous Access Devices

- peripheral cannula;
- midline catheter;
- central venous catheter (CVC) short term non skin tunnelled;
- central venous catheter (CVC) long term skin tunnelled;
- percutaneously inserted central catheter (PICC);
- implanted port;
- umbilical venous catheter.

HCPs can access elfh 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.

Make plans to meet the organisational pre-requisites for IV therapy practice:

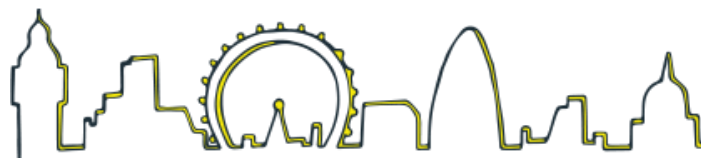
- non-IV medication administration;
- infection prevention and control (IPC) and aseptic technique training;
- volumetric and syringe infusion pump training;
- organisational policy and practice for IV administration and IPC;
- specialist training; critical care, community practice, systemic anti-cancer therapy as examples.



Appendix 2: Guidance for assessors and learners

Core proficiencies

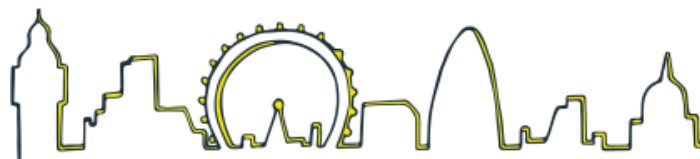
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.</p>
<p>Patient: 1. Greet and positively identify the patient (<i>right patient</i>) against prescription</p>	<ul style="list-style-type: none"> • 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
<p>2. Explain procedure to patient, and family where appropriate, and ensure patient is in a suitable and comfortable position</p>	<ul style="list-style-type: none"> • Explanation of procedure provided with rationale for the administration of intravenous medication • Ensure patient comfort and implement methods to reduce or alleviate any anxiety



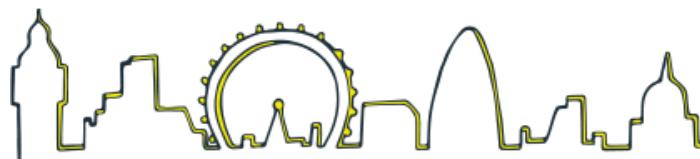
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>3. Ensure informed consent is obtained from the patient or 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</p>	<ul style="list-style-type: none"> • 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
<p>Planning: 4. Assess patient's prescription to ensure it is clear, unambiguous, and due at this date and time (<i>right time</i>)</p>	<ul style="list-style-type: none"> • 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
<p>5. Assess allergy status as documented, and by patient discussion if appropriate</p>	<ul style="list-style-type: none"> • Check documented allergy on prescription • Confirm allergy status with patient, where possible • Consider presence allergy band during assessment
<p>6. Access medicines guidance, reference material and advice</p>	<ul style="list-style-type: none"> • 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



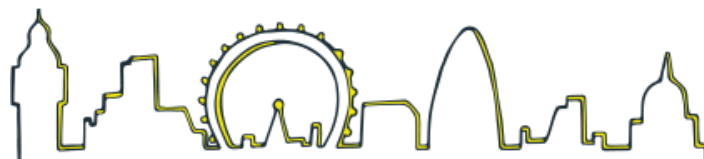
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
7. Demonstrate appropriate knowledge of medicine to be administered such as: <ul style="list-style-type: none"> • Indication for medicine, and clinical need for this patient (<i>right medicine</i>) • Dose range (<i>right dose</i>) • Appropriate routes, method for administration and why IV is needed (<i>right route</i>) • Potential side effects • Any potential contraindication, and decision making around this e.g. lab results, drug level, patient condition, medical history 	<ul style="list-style-type: none"> • 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 (<i>right route</i>)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • State actions and act to protect patient from harm • Maintain accurate records of event • Aware of relevant organisational documentation for medication errors, as appropriate



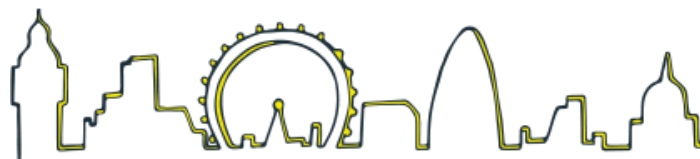
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
Correctly prepare medicine for the patient: 10. Assemble all required equipment	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 (e.g. 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	<ul style="list-style-type: none"> • Demonstrate correct calculation of medicine dosage e.g. dilution / concentration / displacement value
13. Follow organisational infection prevention guidance and aseptic technique during preparation	<ul style="list-style-type: none"> • 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



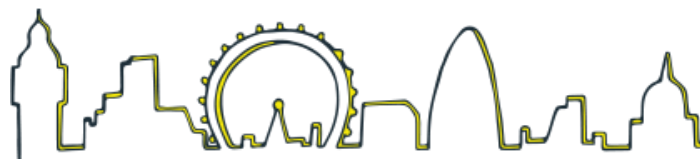
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>Method of preparation: 14a) Reconstitute IV medication from powder</p>	<ul style="list-style-type: none"> • 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
<p>14b) Draw up liquid IV medication, dilute if required in a syringe</p>	<ul style="list-style-type: none"> • 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)
<p>14c) Add IV medication to a bag for infusion</p>	<ul style="list-style-type: none"> • 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
<p>14d) Use pre-prepared IV medication</p>	<ul style="list-style-type: none"> • Demonstrate thorough check of medicine, expiry date, total dosage, volume and resulting concentration



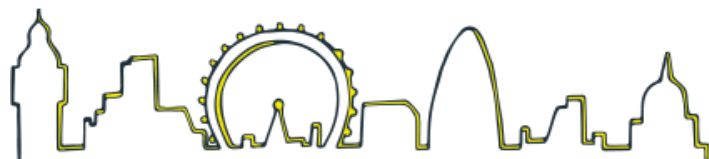
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
15. Prime suitable administration set for infusions, if used	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Aware usual flush solution is sodium chloride 0.9%, unless incompatible • Aware prescribed flush volume and concentration may vary, in particular for children and infants
17. Obtain second, independent, check if required by organisational guidance	<ul style="list-style-type: none"> • Follow organisational guidance on second independent check
18. Label all prepared medicines and administration sets	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



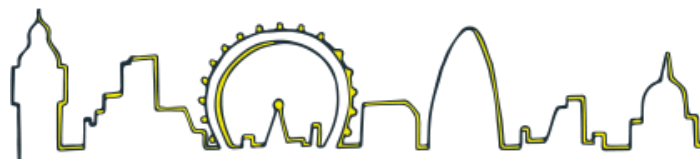
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>20. Decontaminate the vascular access device / needle free connector on the access device</p>	<ul style="list-style-type: none"> • 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 organisations and manufacturer's guidance
<p>21. Confirm patency of vascular access device using an appropriate technique for the device in use</p>	<ul style="list-style-type: none"> • 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



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.
22. Discuss action should catheter occlusion be detected	<ul style="list-style-type: none"> • Correct action identified, giving rationale
Method of administration: 23a) Administer a timed bolus at correct rate	<ul style="list-style-type: none"> • Administer over recommended time
23b) Administer an intermittent infusion - calculate infusion rate for volumetric infusion pump or syringe infusion pump	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Select appropriate device (volumetric pump or syringe pump) for medicine delivery • Accurately programme device (infusion rate) for medicine delivery considering prescribed dose and volume



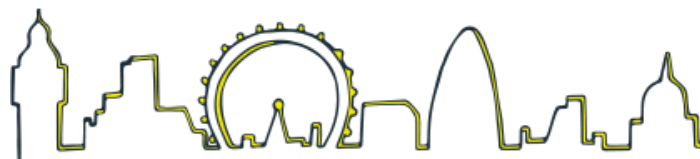
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
24. Flush device after medicine administration to maintain patency and patient safety, ending with positive pressure, using a push-pause technique	<ul style="list-style-type: none"> • Select appropriate flush solution (sodium chloride 0.9%) • Effective push-pause flush technique to generate turbulent flow and end with positive pressure • Check vascular access device for visible remnants of medicine
25. Monitor patient response to treatment during and after administration, showing awareness of signs of adverse effects and anaphylaxis.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Use appropriate equipment for disposal
28. Complete documentation of administration, and escalation of any issues if needed	<ul style="list-style-type: none"> • Clear, accurate and timely documentation • Can describe appropriate actions to be taken in the event of an adverse reaction or medication error



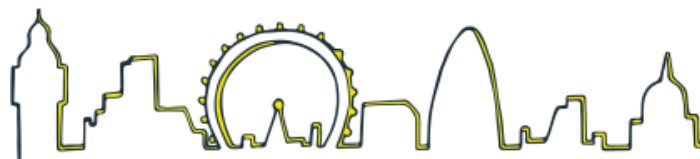
Venous access devices proficiencies

Peripheral venous access device (PVAD):

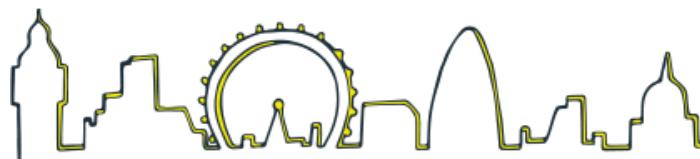
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
Peripheral cannula and midline catheter: 1. Correctly identify device and provide rationale on suitability for the patient	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Identify site for midline
4. Demonstrate measurement of catheter length and discuss implication of change in length	<ul style="list-style-type: none"> • Aware of length of midline compared to cannula • Able to discuss implications of migration



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.
5. Identify and discuss potential risks and complications of the device and action to take: <ul style="list-style-type: none"> • Infection • Occlusion of line • Thrombosis • Phlebitis • Infiltration / extravasation • Leaking or dislodged lines 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



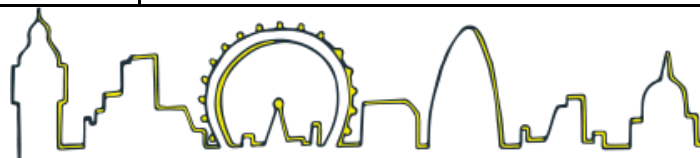
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
9. Discuss causes of, and action, should device occlusion be detected	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Clear, accurate and timely documentation • Uses appropriate documentation / tool e.g. VIP



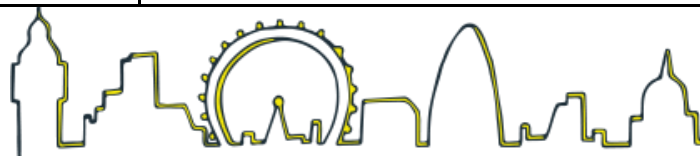
Central venous access device (CVAD)

Central venous catheter (CVC) – short term (non skin tunnelled), long term (skin tunnelled) and PICC

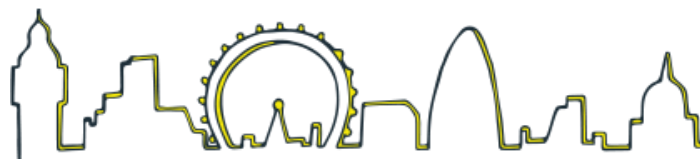
Proficiency statement:	Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following: This is not intended to be an exhaustive list.
1. Provide rationale for CVC placement and suitability for patient	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Infection • Occlusion of the line/lumen • Thrombosis • Drug compatibility • Ruptured lines/air embolism • Dislodged lines 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>4. Assess CVC site, lumens and dressing by inspection, discussing with rationale the suitability of the line for use</p>	<ul style="list-style-type: none"> • 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
<p>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</p>	<ul style="list-style-type: none"> • 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 • Rationalise flush volume in relation to line / lumen • Discuss benefits of turbulent fluid flow and positive pressure in maintaining patency
<p>6. Explain causes and procedure should the catheter have sluggish flow or is occluded, referring to organisational guidance</p>	<ul style="list-style-type: none"> • Aware to refer to organisational guidance to identify appropriate actions including drugs / solutions to clear the line • Correct action identified, giving rationale

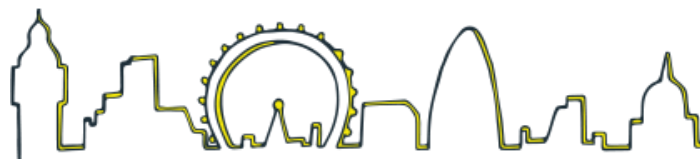


<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>7. Explain the rationale for checking patency of each lumen before medication administration and for flushing at intervals between administrations</p>	<ul style="list-style-type: none"> • Aware of importance of promoting and maintain patency • Aware of risk of mixing of incompatible medications or solutions
<p>8. Maintain accurate documentation and records of the accessing line, needle free connector change and drug administration</p>	<ul style="list-style-type: none"> • Clear, accurate and timely documentation • Use appropriate documentation / tool e.g. VIP

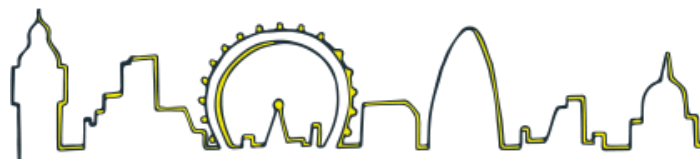


**Central venous access device (CVAD)
Implanted central venous catheter (port)**

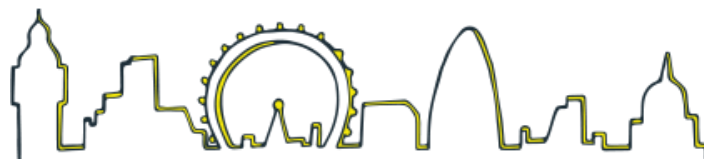
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>1. Provide rationale for port placement and suitability for the patient</p>	<ul style="list-style-type: none"> • 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
<p>2. Identify and discuss potential risks and complications of the device and action to take:</p> <ul style="list-style-type: none"> • Infection • Infiltration • Extravasation • Occlusion of the line/lumen • Thrombosis • Rupture • Dislodgement 	<ul style="list-style-type: none"> • Aware of indications or signs of each complication • Discuss organisational guidance to manage and to escalate for each complication



<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>3. Assess the port site and access needle; outlining indicators of risk or concern during inspection and assessment</p>	<ul style="list-style-type: none"> • 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
<p>4. Confirm patency of the port and needle position by good blood return on aspiration</p>	<ul style="list-style-type: none"> • 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
<p>5. Demonstrate the correct 'push-pause' technique when flushing the port and ending with positive pressure.</p>	<ul style="list-style-type: none"> • 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



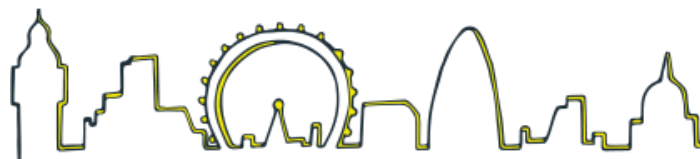
<p>Proficiency statement:</p>	<p>Guidance notes for assessors and learners The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p>
<p>6. Maintain accurate documentation and records of the accessing line.</p>	<ul style="list-style-type: none"> • 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



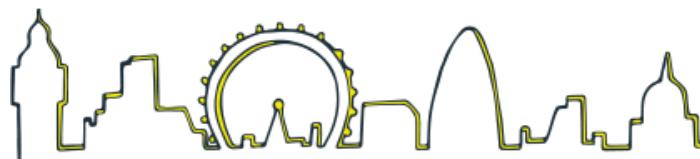
Central venous access device (CVAD)

Umbilical venous catheter (UVC)

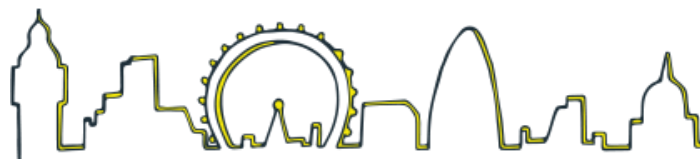
Proficiency statement:	Guidance notes for assessors and learners
1. Provide rationale for UVC placement and suitability for patient	<p>The health care professional's practice and knowledge is expected to include and demonstrate the following:</p> <p>This is not intended to be an exhaustive list.</p> <ul style="list-style-type: none"> • Discuss why UVC chosen over PVAD e.g. potent medication, vesicant solutions with high osmolarity, number of concurrent medications • Identify type of UVC in situ for example single, double or triple lumen UVC • Check for documentation confirming placement and position of UVC by chest x-ray or abdominal x-ray if UVC placement in low position • Discuss duration of catheter placement
2. Identify and discuss potential risks and complications of the device and action to take: <ul style="list-style-type: none"> • Infection / Umbilical Flare • Occlusion of the catheter/lumen • Thrombosis • Drug Compatibility • Ruptured catheters/air embolism • Dislodged catheters • Bleeding and oozing from insertion site • Extravasation 	<ul style="list-style-type: none"> • 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 UVC • Discuss how to recognise a dislodged line e.g. sutures no longer attached to stump • Aware of potential risk associated with extravasation into the peritoneum. This is rare but can be a cause for deterioration in the baby's condition
3. Assess length of the catheter and explain action if evidence of migration exists, referring to organisational guidance	<ul style="list-style-type: none"> • Assess and check documented length of catheter at stump • Can discuss migration, showing understanding of how many cm difference in length is acceptable • Aware that the external length must be documented on insertion and able to show where to find this information to refer to.



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.
4. Assess UVC site, lumens and ensure line is secure, discussing with rationale the suitability of the catheter for use	<ul style="list-style-type: none"> • State action to take if a complication is detected with UVC • Assess security of UVC by presence of sutures • 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 • Accurately complete related documentation
5. Confirm patency of UVC prior to use. Flush using the correct concentration of flush solution and volume. Flush using a push pause technique ending with positive pressure, providing rationale	<ul style="list-style-type: none"> • 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% or 0.45% in an extreme preterm baby) • Rationalise flush volume in relation to catheter / lumen / patient • 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	<ul style="list-style-type: none"> • Aware to refer to organisational guidance to identify appropriate actions to clear the line • Correct action identified, giving rationale • Recognises the importance of not using excessive force if there is any resistance when attempting to clear the line
7. Explain the rationale for checking patency of each available lumen before use, and flush accessible lumens at regular intervals	<ul style="list-style-type: none"> • Aware of importance of promoting and maintain patency • Aware of risk of mixing of incompatible medications or solutions • Aware of when and why not to flush a lumen with a continuous infusion in progress, even during bag / syringe changes, as an example inotropic infusion • Refer to organisation policy in regard to multiple lumen UVC's



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.
8. Maintain accurate documentation and records of the accessing line and drug administration	<ul style="list-style-type: none"> • Clear, accurate and timely documentation • Discuss hourly observations required • Uses appropriate documentation / tool e.g. VIP / Pump Pressures



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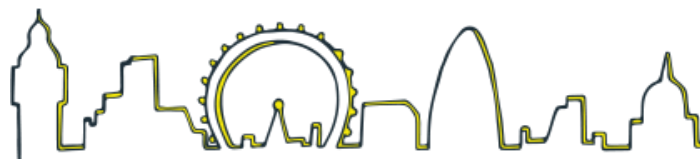
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