Replacement of Intravenous Tubing and Intravenous Solution

Student Name:_____ Student Signature: _____

Evaluator Signature: 1st attempt_____Date:_____ ☐ Satisfactory* ☐ Unsatisfactory^

Evaluator Signature: 2nd attempt_____Date:_____ ☐ Satisfactory* ☐ Unsatisfactory^

Evaluator Signature: 3rd attempt_____Date: _____ ☐ Satisfactory* ☐ Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

IV PUMP specific skills highlighted in GREY

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
Assessment 1. Avoid distractions 2. Check Medication Administration Record (MAR). a. Date b. Patient name c. IV solution, volume and flow rate, and duration			
4. Check patient for a.**Allergies, including sensitivity to latex and tape			
Planning 5. Identify expected outcomes: know actions, special nursing considerations, safe flow rate ranges, purpose of administration, and adverse effects of too much or too little infused solution.			
6. Identify what teaching you might need to provide to the patient.			
7. Gather equipment a. EHR or IV infusion record c. IV solution label d. Primary IV tubing e. IV tubing label f. Alcohol swabs g. Tape			
Implementation 8. **Perform hand hygiene			
9. Prepare IV solution for only one patient at a time. a. State the **6 rights of medication administration using the MAR or IV Solution Record. b. Read MAR or IV Solution Record to select correct medication ****(First Check).** **c.** Check expiration date.			
10. Compare MAR to label on IV solution. ****(Second Check).** a. Check for expiration date, discoloration, cracks or leaks b. Note date and time solutions was mixed			
11. **Calculate the correct IV drip rate or confirm the correct IV flow rate			
12. May be done before entering room or at patient bedside. If preparing in the room, these steps will be performed at **15c** a. Spike new bag of IV solution, maintaining sterile technique b. Fill drip chamber halfway c. Prime tubing, purging air within the tubing d. Label tubing, with date, time, and your initials. e. Label primary bag with: f. Completed timing strip or patient ID label			
13. Take the IV bag and tubing to patient's room with other supplies and EHR.			

PERFORMANCE BEHAVIORS	*S	*U	COMMENTS
14. Upon entering room: a. ** Perform hand hygiene b. Be aware of your spatial safety, have call light within reach c. Identify self d. **Identify patient using two forms of identification (i.e., Name, birth date, medical record number) while comparing administration record to patient wrist band e. ** Ask patient if he or she has any allergies and check for allergy band f. Ensure privacy g. Explain what is about to occur. h. Allow for patient questions i. Raise bed to comfortable working height. j. Don gloves			
15. Collect data a. Patient status, and condition of existing IV site and dressing. b. Determine patency of site, date and time last IV fluid hung, volume given at the time you change the bag. c. If preparing tubing in room perform **steps 12a-e here**			
16. **Correctly record medication on MAR or IV Solution Record a. Scan patient wrist band b. Scan IV fluids c. Perform ****Third Check** of IV solution to MAR or IV Solution Record d. Record any pertinent collected data such as volume administered in previous bag. e. Date and time started			
17. Prepare to remove old tubing. a. Pause IV pump b. Clamp old IV tubing. c. Loosen any tape. d. Close clamp on IV catheter between insertion site and hub. e. Open pump and remove old tubing			
18. Remove and replace tubing: a. Thread new IV tubing into IV pump and close pump b. Loosen luer lock of IV tubing from IV catheter hub. c. Secure existing IV catheter at hub with non-dominant hand. d. Remove old tubing from catheter hub with dominant hand, being careful not to pull out IV catheter from arm. e. Clean IV port with alcohol. f. Quickly place new tubing into hub. *** **Maintain sterile technique**. g. Unclamp IV tubing, unclamp slide clamp, anchor tubing with tape h. Assess for bubbles in tubing and infiltration			
19. Set flow rate according to the order. a. Select IV fluid to be infused b. Set volume to be infused (VTBI) and flow rate (ml/hr) c. Start infusion			
20. Instruct patient to report any pain, redness, drainage, or swelling that may occur during infusion of the IV solution.			
21. Before leaving room a. **Reposition patient for comfort and safety b. ** Lower bed c. **Raise appropriate side rails d. **Leave call light and belongings in reach e. ** Perform hand hygiene f. Dispose of used equipment			
Evaluation 22. Verbalize need to return to patient's room to reassess the site, flow rate, and solution Administered 23. Verbalize need to follow-up on therapeutics of IV therapy (BP, heart rate, fluid status, infection…) in a timely manner.			

***S = Satisfactory, ^U = Unsatisfactory**
****Critical Behaviors that need to be stated or done in order to pass the skill.**