

About this Unit

This standard relates specifically to the insertion of intravenous cannula to facilitate access to the blood system for treatment or diagnostic purposes. Access may be required for serial sampling, or for administration of fluid or drug treatments. This procedure may be performed with adults or children and will usually take place in hospital with individuals receiving health care. It may also take place in a therapeutic, research or emergency situation.

You will need a firm knowledge and understanding of this procedure based upon your employers protocols, guidelines and patient group directives, where used.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, you could be observed selecting a vein and inserting the cannula into it using the correct procedures, and ensure patency. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness the potential hazards associated with different infusions administration sets.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to performing intravenous cannulation.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of applying standard precautions to performing intravenous cannulation and the potential consequences of poor practice.	
5 The importance of working within your own sphere of competence and seeking clinical advice when faced with situations outside your sphere of competence.	
6 The risks associated with the insertion of intravenous cannulae.	
7 Current evidence based practice related to the management of risks associated with the insertion of intravenous cannulae.	
8 The importance of protecting the comfort, safety and security of the individual and self throughout insertion of intravenous cannulae.	
9 The importance of maintaining strict asepsis when preparing, inserting and managing intravenous cannulae.	
10 The anatomy and physiology of the circulatory system in relation to the insertion and maintenance of intravenous cannulae.	
11 The importance of correct preparation and positioning of individuals for insertion of intravenous cannulae.	
12 The indications and reasons for intravenous cannulation.	
13 Potential sites for insertion of intravenous cannulae and how to identify the most suitable for the individual.	
14 The factors influencing: (a) the choice of cannulae (b) the site for intravenous cannulation	
15 The importance of limb immobilisation prior to the insertion of intravenous cannulae	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
16 The importance of appropriate skin preparation, including the use of depilatory cream if required.	
17 The importance, and approved methods, of controlling and stopping blood flow prior to intravenous cannulation.	
18 The possible adverse reactions to the insertion of intravenous cannulae.	
19 The actions you will need to take in the event of adverse reactions to the insertion of intravenous cannulae.	
20 The importance of and the methods of cleaning and maintaining the cannula site following insertion of cannulae.	
21 The clinical indications of infection in the insertion site and the actions you would take if signs of infection are apparent.	
22 The implications of introducing fluids into the circulatory system when flushing cannula.	
23 The approved methods of checking the patency of inserted cannula.	
24 The procedures for preparing fluids for administration including drug additions.	
25 The potential complications associated with fluid administration.	
26 The different types of administration sets available and the circumstances when each may be used.	
27 The uses and potential hazards associated with the use of infusion pumps.	
28 The types of cannulae and the range of sizes available.	
29 The types of infusion available and their characteristics, indications and contra-indications.	
30 The different types of infusion pumps available and the circumstances when they may be used.	
31 The potential hazards associated with intravenous infusion administration sets.	
32 The importance of correctly recording your activities including type of cannula inserted and intravenous fluids administered.	
33 The importance of keeping accurate and up-to-date records.	
34 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Apply standard precautions for infection prevention and control and other relevant health and safety measures.							
2	Determine the individual's need or clinical request for cannulation against agreed protocol.							
3	Check the individual's identity and confirm the planned activity.							
4	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
5	Gain valid consent to carry out the planned activity.							
6	Assess risks relevant to performing procedure prior to commencement and take relevant action to eliminate risks to the individual — both pre and post cannulation.							
7	Seek clinical advice and support from an appropriate member of the team when events or risks are beyond your level of competence.							
8	Select an appropriate site for cannulation, taking account of individual's comfort and mobility, and prepare the selected site for aseptic insertion of the intravenous cannula following agreed protocol, administering the appropriate local anaesthetic if prescribed.							
9	Correctly position and use a tourniquet to engorge the selected vein with blood.							
10	Select the cannula of correct size and type for individual and purpose, ensuring it is fit for use.							
11	Insert the cannula into the selected vein using the approved technique and confirm correct siting, positioning and patency of cannula for the intended purpose.							
12	Apply an approved dressing to fix the cannula in position.							
13	Where appropriate, flush the cannula when in situ according to local protocols and guidelines.							

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
14 Attach and secure the correct giving set where infusion is required following approved procedures.							
15 Immediately report any condition or behaviour which may signify adverse reactions to the procedure and take appropriate action.							
16 Document the cannulation procedure in accordance with patient records procedures.							
17 Maintain the cannulation site at regular intervals to avoid infection and maintain Access.							

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: