FP8V 04 (CHS23) Carry out intravenous infusion

About this Unit

This standard covers setting up equipment and attaching prescribed intravenous fluids to exisiting intravenous cannulae. 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.

You will be working without direct supervision but according to agreed protocols.

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:
♦ 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**, observe how you check that the fluid that is to be administered is in date clear and the seals are intact. ♦ **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 what actions you would take if an adverse reaction occurs when administering intravenous fluids.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **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
♦ 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.

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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, organisationalpolicies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to carrying out intravenour infusion.	
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 carrying out intravenous infusion and the potential consequences of poor practice.	
5	The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
6	The significance of risks associated with the administration of intravenous fluids.	
7	Current evidence based practice related to the management of risks associated with the administration of intravenous fluids.	
8	The importance of maintaining strict asepsis when preparing, attaching and connecting intravenous fluids.	
9	The significance of risks associated with the administration of intravenous fluids.	
10	The anatomy and physiology of the circulatory system in relation to the administration of intravenous fluids.	
11	The importance of and the methods of regular cleaning and maintenance of the cannula site.	
12	The approved methods of checking the patency of inserted cannula.	
13	The clinical indications of infection in the cannula site and the actions you would take if signs of infection are apparent.	
14	The procedures for preparing fluids for administration including drug additions.	
15	The possible adverse reactions to intravenous fluids and actions to be taken.	
16	Methods of calculating flow rate of intravenous infusion.	
17	Methods for controlling flow rate.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
18 Methods for attaching and setting infusion pumps.	
19 The types of intravenous fluids available and their characteristics, indications and contra-indications.	
20 The different types of administration sets available and the circumstances when each may be used.	
21 The potential hazards associated with intravenous infusion administration sets.	
22 The different types of infusion pumps available and the circumstances when they may be used.	
23 The uses and potential hazards associated with the use of infusion pumps.	
24 The importance of correctly recording your activities including intravenous infusion administration.	
25 The importance of keeping accurate and up-to-date records.	
26 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 any other relevant health and safety measures.							
2 Check the individual's identity and confirm the planned activity.							
3 Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
4 Gain valid consent to carry out the planned activity.							
5 Confirm required intravenous fluid to be administered in accordance with agreed protocols.							
6 Confirm intravenous fluid to be administered is within date and clear, and that all seals are intact.							
7 Ensure the administration set is: (a) connected to the fluid container in a way that ensures no contamination or leakage (b) connected to the cannula in a manner which avoids contamination and leakage (c) correctly primed							
8 Adjust the fluid administration rate according to the needs of the individual and the fluid being administered.							
9 Record all processes accurately and legibly.							
10 Inspect the cannulation site and lines at regular intervals according to agreed protocols and take appropriate action if required.							
11 Monitor the individual's condition regularly and seek clinical advice and support from an appropriate member of the team when events or risks are beyond your level of competence.							

DO = Direct Observation *RA = Reflective Account* *Q = Questions*
EW = Expert Witness *P = Product (Work)* *WT = Witness Testimony*
PD = Professional Discussion

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: ……..……..