

FP8W 04 (CHS24) Carry out arterial puncture and collect arterial blood

About this Unit

This standard covers obtaining arterial blood samples by arterial puncture. This would normally be an investigative procedure, and may be performed in respiratory laboratories, in hospital, and in outpatient clinics. It would not be performed in the individual's home.

The procedure will be performed with adults and children and with individuals in critical care areas such as intensive care Units. It may include the use of a range of equipment, blood collection systems and techniques relating to arterial sites.

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, how you stop the flow of blood from the arterial puncture site applying the right amount of pressure to ensure haemostasis. ◆ 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 why you need to check the current level of oxygen intake the individual is on before you take the arterial blood gases.
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.

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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, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to carrying out arterial puncture and collecting arterial blood.	
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 working within your own sphere of competence when and seeking advice when faced with situations outside your sphere of competence.	
5 The importance of applying standard precautions to carrying out arterial puncture and collecting arterial blood specimens and the potential consequences of poor practice.	
6 The relevance and importance of valid consent to the collection of arterial blood samples.	
7 The types and categories of risks which may be involved when performing arterial puncture and their implications.	
8 The clinical indications infection at the puncture site and the actions appropriate to preventing spread and discomfort.	
9 The importance of correctly identifying the individual's current level of oxygen intake and its impact upon the arterial puncture process.	
10 The sites for arterial puncture and the factors associated with selection.	
11 Different types of blood collection equipment and factors affecting choice of equipment for collecting arterial blood specimens.	
12 The approved methods of checking that administered local anaesthetic has been effective.	
13 How to position and support the individual correctly for arterial puncture.	
14 Methods of stopping arterial blood flow effectively prior to collection of arterial blood.	
15 The importance of correct insertion and positioning of blood collection equipment.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
16 The importance of avoiding blockage in the blood collection equipment and how to ensure that this does not occur.	
17 The importance of avoiding damage to surrounding blood vessels and how you can ensure that this does not occur.	
18 The importance of and the methods for avoiding infection at puncture sites.	
19 The importance of correctly recording your activities including type of blood collection system used and puncture site.	
20 The reasons for and importance of: (a) accurately labelling arterial blood specimens (b) ensuring immediate dispatch to the laboratory	
21 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 appropriate 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	Select and prepare the site for the arterial puncture following agreed protocols.							
6	Insert the blood collection equipment at correct site.							
7	Avoid blockage of the artery or damage to the central or surrounding blood vessels.							
8	Obtain the arterial blood sample in the correct volume and of suitable quality for purpose.							
9	Stop the blood flow by applying sufficient pressure at the correct pressure point and for a sufficient timescale to ensure haemostasis.							
10	Seek immediate assistance where remedial action required is beyond your own level of competence.							
11	Immediately report any condition or behaviour which may signify adverse reactions to the procedure and take appropriate action.							
12	Accurately label the collected arterial blood sample, complete the required documentation requesting analysis and place in the appropriate position for immediate collection.							
13	Document arterial blood collection procedure in accordance with patient records procedures.							

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: