NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE

SKILL MODULE # 7

MODULE TITLE: Peripheral IV Fluids Part A: Preparing for Administration of IV Fluids
Part B: IV Fluid Monitoring Flow Rate
Part C: IV Fluids Site Care and Patient Activities
Part D: Discontinuing Peripheral Intravenous Infusions

NOTES: 1) Successful completion of the "Sterile Technique" module is required prior to this module.
2) All four parts of this module must be successfully completed in order to complete this training module.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours	PART A: PREPARING FOR ADMINISTRATION OF IV FLUIDS			
	State two (2) purposes for administering IV fluids List four (4) classes of IV solutions and their major components	A. Introduction 1. Purposes 2. Classes of IV solutions 3. Common names of solutions	Lecture/discussion	Written test
	Identify information needed as a part of preparing for IV fluid administration	B. Information 1. Identification of patient 2. Nurse's instructions 3. Body weight 4. Vital signs 5. Intake and output record 6. Verification of correct solution		
	Discuss the delivery devices for IV fluid administration	C. Delivery devices 1. Types 2. Equipment		
	Identify equipment necessary to set up intravenous fluids	D. Set up of IV's 1. Equipment 2. Sterile technique 3. Correct solution 4. Flushing tubes	Demonstration and return demonstration of the steps in assembling equipment necessary to set up IV fluids	Skills Checklist Competency Evaluation (Part A)

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SKILL MODULE # 7 (cont'd)

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	PART B: IV FLUID MONITORING FLOW RATE			
	State two (2) observations necessary to insure appropriate IV flow Identify one cause of an obstructed IV Discuss the significance of a slowing in the IV rate	A. Monitoring IV 1. Flow rate per nurse's instruction 2. Equipment function checks a. tubing (1) kinks (2) position (3) bubbles b. drip chamber c. clamp d. pump/controller	Lecture/discussion Demonstration and return demonstration for the following: a. determining flow rate b. inspecting equipment to determine patency c. determining volume of solution remaining in container	Written test
	Describe additional important observation in the patient receiving IV fluids	B. Other observations 1. Position of patient extremity 2. Volume in container 3. Patient complaints		
	Identify special considerations related to patient age	C. Special considerations 1. Children 2. Elderly		Skills Checklist Competency Evaluation (Part B)

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUTION
	PART C: IV FLUID SITE CARE AND PATIENT ACTIVITIES			
	Identify the most common site for venipuncture Describe the appearance of a normal venipuncture site Define phlebitis and infiltration Identify two (2) signs each of phlebitis and infiltration	A. Caring for the venipuncture site 1. Common sites 2. Normal appearance 3. Abnormal appearance a. phlebitis (redness) b. infiltration (swelling) c. infection	Lecture/discussion	Written test
	Discuss the care activities for the patient with an IV	B. Related patient care activities 1. Dressing change a. equipment b. procedure 2. Removing/replacing a patient's gown 3. Ambulation of patient with IV a. patient education b. sudden movement c. tension on tubing d. notifying licensed nurse*	Demonstration and return demonstration of procedures for the following: a. redressing an IV site b. changing gown of a patient with an IV in place c. assisting in ambulation of a patient with an IV	Skills Checklist Competency Evaluation (Part C)

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SKILL MODULE # 7 (cont'd)

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	PART D: DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS			
	Describe the process for discontinuing an IV	A. Discontinuing an IV 1. Rationale 2. Nurse's instructions 3. Equipment 4. Procedure 5. Site dressing 6. Site description 7. Report to licensed nurse*	Lecture/discussion Demonstration and return demonstration of procedures for the following: a. assembling equipment needed to discontinue IV b. discontinuing IV c. dressing site d. documenting appropriate information	Written test Skills Checklist Competency Evaluation (Part D) [ALL FOUR SKILLS CHECKLISTS MUST BE COMPLETED.]

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SKILL MODULE #7

MODULE TITLE: PERIPHERAL IV FLUIDS: PART A - ASSEMBLING AND FLUSHING TUBING DURING SET-UP

COMPETENCY STATEMENT: Demonstrate ability to assemble and flush tubing during set-up

CRITERIA:

1. Obtains directions from licensed nurse*
2. Gathers necessary equipment
3. Washes hands
4. Removes protective coverings from solution container and tubing
5. Closes roller clamp
6. Connects tubing to solution container
7. Partially fills drip chamber
8. Opens clamp and flushes air from tubing
9. Closes clamp and recaps tubing
10. Reports information to licensed nurse*

SPECIAL DIRECTIONS OR NOTATIONS: This activity is a non-direct patient care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. **The NAII does not connect any tubing or IV fluids directly to the patient.** If the IV needs to be disconnected for patient activity, then the licensed nurse must do this and then reconnect the IV to the patient.

THIS IS PART A OF FOUR PARTS. ALL FOUR PARTS MUST BE SUCCESSFULLY COMPLETED IN ORDER TO COMPLETE THIS TRAINING MODULE.

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This entire activity has been properly performed, without prompting and without assistance,

by ____
(name of student)

RN Preceptor(s):

Name _______________________________________ Date ____________________________

Name _______________________________________ Date ____________________________

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I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____________________________________ Date ____________________________

SKILL MODULE #7

MODULE TITLE: PERIPHERAL IV FLUIDS: PART B – IV FLUID MONITORING

COMPETENCY STATEMENT: Demonstrate ability to properly monitor IV flow rate

CRITERIA:

1. Obtains IV fluid flow rate from licensed nurse*
2. Counts number of drops per minute being administered to patient or observes IV pump to verify correct rate of flow.
3. Identifies volume remaining in IV fluid bag
4. Inspects IV equipment for patency
5. Observes patient's position related to IV flow
6. Reports information to licensed nurse*

SPECIAL DIRECTIONS OR NOTATIONS: NAIIs may <u>not</u> adjust flow rate. Only licensed nurses (RN or LPN) may perform this activity.

THIS IS PART B OF FOUR PARTS. <u>ALL</u> FOUR PARTS MUST BE SUCCESSFULLY COMPLETED IN ORDER TO COMPLETE THIS TRAINING MODULE.

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- -

This entire activity has been properly performed, without prompting and without assistance,

by ____
(name of student)

RN Preceptor(s):

Name ____________________________________ Date _________________________

Name ____________________________________ Date _________________________

- -

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: __________________________________ Date _________________________

NORTH CAROLINA BOARD OF NURSING
NURSING ASSISTANT II
SKILLS CHECKLIST COMPETENCY EVALUATION

SKILL MODULE #7

MODULE TITLE: PERIPHERAL IV FLUIDS: PART C – IV FLUIDS SITE CARE AND PATIENT ACTIVITIES

COMPETENCY STATEMENT: Demonstrate ability to properly redress an IV site and to perform patient care activities for patient receiving IV fluids

CRITERIA:

1. Receives directions from licensed nurse*
2. Explains procedure to patient
3. Washes hands
4. Assembles dressing materials needed
5. Puts on gloves
6. Removes dressing with gloves
7. Discards soiled dressing and gloves
8. Washes hands
9. Puts on sterile gloves[+]
10. Applies sterile dressing
11. Secures dressing
12. Removes gloves
13. Disposes of contaminated dressing and gloves
14. Washes hands
15. Documents appearance of peripheral IV site
16. Reports information to licensed nurse*
17. Changes patient gown with IV in place
18. Ambulates patient who is receiving IV fluids

[+]SPECIAL DIRECTIONS OR NOTATIONS:

- SUCCESSFUL COMPLETION OF STERILE TECHNIQUE MODULE IS A PRE-REQUISITE TO THIS PART OF MODULE #7.
- FOR TEACHING PURPOSES, STERILE GLOVES ARE USED. HOWEVER, SOME AGENCIES MAY PERMIT THE APPLICATON OF THE DRESSING USING CLEAN GLOVES.
- THIS IS PART C OF FOUR PARTS. ALL FOUR PARTS MUST BE SUCCESSFULLY COMPLETED IN ORDER TO COMPLETE THIS TRAINING MODULE.

*Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide. Only licensed nurses (RN or LPN) may assess peripheral IV sites.

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This entire activity has been properly performed, without prompting and without assistance,

by ____
(name of student)

RN Preceptor(s):

Name ____________________________________ Date _________________________

Name ____________________________________ Date _________________________

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I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: __________________________________ Date _________________________

SKILL MODULE #7

MODULE TITLE: PERIPHERAL IV FLUIDS: PART D – DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS

COMPETENCY STATEMENT: Demonstrate ability to properly discontinue a peripheral intravenous infusion

CRITERIA:

1. Obtains directions from licensed nurse*
2. Explains procedure to patient
3. Washes hands
4. Gathers necessary equipment and supplies
5. Identifies the patient
6. Puts on gloves
7. Confirms that tubing clamp is closed off
8. Removes site dressing and peripheral intravenous device
9. Applies direct pressure to site until bleeding is controlled
10. Applies appropriate pressure dressing to site
11. Removes and discards gloves
12. Discards supplies and equipment
13. Washes hands
14. Documents information
15. Reports patient information to licensed nurse*

SPECIAL DIRECTIONS OR NOTATIONS: None

THIS IS PART D OF FOUR PARTS. ALL FOUR PARTS MUST BE SUCCESSFULLY COMPLETED IN ORDER TO COMPLETE THIS TRAINING MODULE.

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This entire activity has been properly performed, without prompting and without assistance,

by ____
(name of student)

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Name ___________________________________ Date _________________________

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I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _________________________________ Date _________________________