

NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE

SKILL MODULE 7: 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**

PART A: PREPARING FOR ADMINISTRATION OF IV FLUIDS

SPECIAL DIRECTIONS OR NOTATIONS:

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- 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.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- 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.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours (Parts A, B, C, & D)	<p>PART A: PREPARING FOR ADMINISTRATION OF IV FLUIDS</p> <p>State two (2) purposes for administering IV fluids</p> <p>List four (4) classes of IV solutions and their major components</p> <p>Identify information needed as a part of preparing for IV fluid administration</p> <p>Discuss the delivery devices for IV fluid administration</p> <p>Identify equipment necessary to set</p>	<p>A. Introduction</p> <ol style="list-style-type: none"> 1. Purposes 2. Classes of IV solutions 3. Common names of solutions <p>B. Information</p> <ol style="list-style-type: none"> 1. Identification of patient 2. Nurse’s instructions 3. Body weight 4. Vital signs 5. Intake and output record 6. Verification of correct solution <p>C. Delivery devices</p> <ol style="list-style-type: none"> 1. Types 2. Equipment 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of the steps in assembling equipment necessary to set up IV fluids</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in the Clinical Setting (Part A)</p>

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	up intravenous fluids	D. Set up of IV's 1. Equipment 2. Sterile technique 3. Correct solution 4. Flushing tubes		

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PART B: IV FLUID MONITORING FLOW RATE

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>PART B: IV FLUID MONITORING FLOW RATE</p> <p>State two (2) observations necessary to insure appropriate IV flow</p> <p>Identify one cause of an obstructed IV</p> <p>Discuss the significance of a slowing in the IV rate</p> <p>Describe additional important observation in the patient receiving IV fluids</p> <p>Identify special considerations related to patient age</p>	<p>A. Monitoring IV</p> <ol style="list-style-type: none"> 1. Flow rate per nurse’s instruction 2. Equipment function checks <ol style="list-style-type: none"> a. tubing <ol style="list-style-type: none"> (1) kinks (2) position (3) bubbles b. drip chamber c. clamp d. pump/controller <p>B. Other observations</p> <ol style="list-style-type: none"> 1. Position of patient extremity 2. Volume in container 3. Patient complaints <p>C. Special considerations</p> <ol style="list-style-type: none"> 1. Children 2. Elderly 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration for the following:</p> <ol style="list-style-type: none"> a. determining flow rate b. inspecting equipment to determine patency c. determining volume of solution remaining in container 	<p>Written test</p> <p>Skills Checklist Competency Evaluation in the clinical setting (Part B)</p>

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PART D: DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS

SPECIAL DIRECTIONS OR NOTATIONS:

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	<p>PART D: DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS</p> <p>Describe the process for discontinuing a peripheral IV</p>	<p>A. Discontinuing an IV</p> <ol style="list-style-type: none"> 1. Rationale 2. Nurse’s instructions 3. Equipment 4. Procedure 5. Site dressing 6. Site description 7. Report to licensed nurse 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of procedures for the following:</p> <ol style="list-style-type: none"> a. assembling equipment needed to discontinue IV b. discontinuing IV c. dressing site d. documenting appropriate information 	<p>Written test</p> <p>Skills Checklist Competency Evaluation in the clinical setting (Part D)</p>

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SKILLS CHECKLIST COMPETENCY EVALUATION

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

SPECIAL DIRECTIONS OR NOTATIONS:

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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

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

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

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

Student Signature: _____ Date _____

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SKILLS CHECKLIST COMPETENCY EVALUATION

PERIPHERAL IV FLUIDS: PART B – IV FLUID MONITORING

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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

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

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

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

Student Signature: _____ Date _____

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

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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 (for teaching purposes, sterile gloves are used. However, some agencies may permit the application of the dressing using clean 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

This entire activity has been properly performed, without prompting and without assistance, by _____
(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
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SKILLS CHECKLIST COMPETENCY EVALUATION
PERIPHERAL IV FLUIDS: PART D – DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS

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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

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(Name of student)

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Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

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