TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – Central Venous Catheter Daily Checks

Name Student/Child	Birth Date:	School/ Center	Delegatee:

PROCEDURE *Central Venous Catheter (CVC) daily checks. CVCs include but not limited to Hickman/Broviac, Hemodialysis Catheter, Implanted port, Peripherally Inserted Central Catheter (PICC). These checks are to be completed at least once daily, ideally as soon as child arrives on site. This is to address any line concerns or infection concerns.*	Training Record **RN Initial & Date**
A. States purpose of procedure and location of medication and supplies.	
B. Identifies supplies – Individualized Healthcare Plan (IHP), hand sanitizer if not able to wash hands with soap and water, emergency kit that includes extra sterile clear dressing, sterile gauze, plastic clamps, surgical clear tape, mask, gloves.	
C. Procedure:	
1. Obtain daily check log and gloves and bring to the child	
2. Wash hands with soap and water or hand sanitizer if not visibly soiled, with friction for 15 seconds and put on gloves.	
3. Check emergency kit for the following supplies: • Extra sterile clear dressing • Extra sterile gauze • Plastic clamps • Clear surgical tape • Mask • Gloves	
4. Check temperature: Contact parent if 100.4 F or higher. If parent is unable to pick up within 1 hour, call 911.	
5. Inspect all caps: • Are they present and on the end of the line? If not, put on mask, wrap with sterile gauze and secure with tape. Call parent ASAP, they need to be seen in the emergency room for a special cleaning. • Are they loose? If yes, tighten them. • Hemodialysis catheter may be taped together and labeled with caps placed in cloth pouch. Do not remove the tape or label and keep the line in the pouch	
6. Inspect all lines: • Are the clamps clamped? If not, clamp. • Are clamps in the correct clamping spot (Hickman/Broviac, Hemodialysis catheter)? If not, move clamp and re-clamp. • Are there any signs of leakage or cracking? If so, place plastic clamp between child and potential leak/break and call parent ASAP. If unable to place clamp and line is actively bleeding, call 911.	
7. Inspect insertion site: • Are there any signs of infection such as redness, swelling or drainage? If so, call parent ASAP to be seen in the emergency room. If unable to pick up within 1 hour, call 911.	
8. Inspect dressing: • Is the dressing wet or dirty? If so, it needs changed ASAP, call parent. • Is the dressing secure, intact and all edges flat down? If not, tape down edges with clear surgical tape or clear dressing and call parent to notify concerns and interventions. If dressing is partially falling off, do not remove, put on mask and reinforce with clear dressing and call parent ASAP for dressing change.	
9. Swelling: • Does the child have any swelling of the face, neck or arm? Call the parent. If the child has swelling and trouble breathing, call 911.	
10. Sudden chest, neck or shoulder pain: • Verify line is clamped • Lie down on left side with head down • Call 911 and remain in that position until help arrives • If child becomes unresponsive, follow emergency guidelines. and start CPR.	
11. Call parents with any concerns or lack of equipment. Emergency kit should always be with child and with all supplies present.	

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – Central Venous Catheter Daily Checks

Name Student/Child	Birth Date:	School/ Center	Delegatee:

12. Call RN for any concerns or interventions.	
Competency Statement	**Training RN Signature & Initial**
Procedure name: Describes and demonstrates correct daily checks for central venous catheters.	

DELEGATION AUTHORIZATION

I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.

Delegatee Signature: _____ Date _____

Delegating RN Signature: _____ Initials _____ Date _____

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – Central Venous Catheter Daily Checks

Name Student/Child	Birth Date:	School/ Center	Delegatee:

RN Initial & Date	**Procedure** √ = acceptable performance	**Follow Up/ Supervision Plan / Comments**
	☐ Procedure Reviewed ☐ Daily checks ☐ ☐ ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ______ ☐Continue delegation ☐Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ ☐ ☐ ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ______ ☐Continue delegation ☐Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ ☐ ☐ ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: ______ ☐Continue delegation ☐Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ ☐ ☐ ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: _______ ☐Continue delegation ☐Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ ☐ ☐ ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐ Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: _______ ☐Continue delegation ☐Withdraw delegation Comments:

Delegating RN Signature ____ Initials _______