TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – EMERGENCY RESPONSE TO CENTRAL VENOUS CATHETERS-Implanted Port

Name Student/Child | Birth Date: | School/ Center | Delegatee: Unlicensed Assistive Personnel (UAP)

PROCEDURE *Central Venous Catheters (CVC's) included in this delegation are implanted ports. Immediate intervention is needed for infection concerns, and dislodgement or accidental removal.*	Training Record **RN Initial & Date**
A. States purpose of procedure.	
B. Identifies supplies – Individualized Healthcare Plan (IHP), hand sanitizer if not able to wash hands with soap and water, gloves, emergency kit that includes extra sterile clear dressings, sterile gauze, plastic clamps, surgical clear tape, mask and gloves.	
C. Procedure:	
1. Gather supplies 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. If CVC has a crack/leak: • Place plastic clamp between child and break/leak-call parent ASAP to change needle or be seen in the Emergency Department (ED) for needle change. • If unable to place clamp and there is active bleeding, call 911.	
4. If CVC is pulled and dislodged, but NOT completely removed, do **NOT** push it back in, make sure it is secure and call parent immediately for a needle change.	
5. If cap is off or falls off, put on a mask, wrap end of line in sterile gauze and secure with tape do not replace the cap. Call parent ASAP, to have a needle change or be seen in the ED for a needle change.	
6. If needle is pulled completely out, be advised that the needle is contaminated, be careful not to accidentally poke yourself or someone else. Dispose of needle in the sharps container and apply sterile gauze and a clear dressing to site. Call parent ASAP for urgent follow up.	
7. If child has any swelling of the chest, neck, face or arm-call parent ASAP. If trouble breathing as well, call 911.	
8. If child has sudden pain in chest, neck or shoulder, verify line is clamped, have them lie down on their left side with head down, call 911 and wait for further instructions.	
9. Call 911 if: • Child is having any difficulty breathing. • Sudden pain in chest, neck or shoulder. • Child is very weak, limp, too weak to stand, or has pale cool skin. • Fever 100.4 or higher and parent can't pick up within 1 hour. • Insertion site has redness, drainage, swelling and parent can't pick up within 1 hr. • Line is cracked and active bleeding can't be stopped by clamping. • Line dislodged or had to be clamped and life sustaining meds infusing. • **Provide EMS IHP and any other plans as applicable**.	
10. Call RN with concerns or interventions.	
Competency Statement	**Training RN Signature & Initial**
Procedure name: Describes and demonstrates correct performance of interventions and potential central venous catheters emergences. .	

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 _____

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RN Initial & Date	**Procedure** √ = acceptable performance	**Follow Up/ Supervision Plan / 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:
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Delegating RN Signature Initials _____