

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – EMERGENCY RESPONSE TO CENTRAL VENOUS CATHETERS -Broviac and PICC

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE		Training Record RN Initial & Date
<p>Central Venous Catheters (CVC's) include but are not limited to Hickman/Broviac, and Peripherally Inserted Central Catheter (PICC). Immediate intervention is needed for infection concerns, and dislodgement or accidental removal.</p>		
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 Tegaderm, sterile 2x2's, plastic clamps, surgical clear tape.		
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: <ul style="list-style-type: none"> • Place plastic clamp between child and break/leak-call parent ASAP. Needs to be seen in the emergency room. • 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 advance back in, make sure it is secure and call parent ASAP. Needs to be seen in the emergency room.		
5. If cap is off or falls off, do not replace. Call parent ASAP, child needs to be seen in the emergency room for special cleaning of the line.		
6. If CVC is pulled completely out, apply sterile dressing, apply pressure, apply sterile Tegaderm and call parent ASAP.		
7. If child has any swelling of the chest, neck, face or arm-call parent ASAP. If trouble breathing as well, call 911.		
8. Call 911 if: <ul style="list-style-type: none"> • Child is having any difficulty breathing. • 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. 		
9. 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 emergencies.		

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 – EMERGENCY RESPONSE TO CENTRAL VENOUS CATHETERS

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

RN Initial & Date	Procedure <input checked="" type="checkbox"/> = acceptable performance	Follow Up/ Supervision Plan / Comments
	<input type="checkbox"/> Procedure Reviewed <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
	<input type="checkbox"/> Procedure Reviewed <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
	<input type="checkbox"/> Procedure Reviewed <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
	<input type="checkbox"/> Procedure Reviewed <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
	<input type="checkbox"/> Procedure Reviewed <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:

Delegating RN Signature _____ Initials _____

This document, and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care providers.