

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

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE		Training Record RN Initial & Date
<p><i>Central Venous Catheter (CVC) daily checks. CVC's include but not limited to Hickman/Broviac, 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.</i></p>		
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, gloves, emergency kit that includes extra sterile Tegaderm, sterile 2x2's, plastic clamps, surgical clear tape?.		
<p>C. Procedure:</p> <ol style="list-style-type: none"> 1. Obtain daily check log and gloves and bring to the student. 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: <ul style="list-style-type: none"> • Extra sterile Tegaderm • Extra sterile 2x2's • Plastic clamps • Clear surgical tape 4. Check temperature: Contact parent if 100.4 or higher. If parent is unable to pick up within 1 hour, call 911. 5. Inspect all caps: <ul style="list-style-type: none"> • Are they present and on the end of the line? If not, call parent ASAP, they need to be seen in the emergency room for a special cleaning. Do not replace cap. • Are they loose? If yes, tighten them. 6. Inspect all lines: <ul style="list-style-type: none"> • Are the clamps clamped? If not, clamp. • Are clamps in the correct clamping spot (Hickman/Broviac)? 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: <ul style="list-style-type: none"> • 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 bandage: <ul style="list-style-type: none"> • Is the dressing wet or dirty? If so, it needs changed ASAP, call parent. • Is the bandage secure, intact and all edges flat down? If not, tape down edges with clear surgical tape and call parent to notify concerns and interventions. 9. Swelling: <ul style="list-style-type: none"> • Does the child have any swelling of the face, neck or arm? Call the parent, if swelling and trouble breathing, call 911. 10. Call parents with any concerns, or lack of equipment. Emergency kit should always be with student and with all supplies present. 11. Call RN with any concerns and interventions. 		
Competency Statement		Training RN Signature & Initial
Procedure name: Describes and demonstrates correct daily checks for central venous catheters.		
DELEGATION AUTHORIZATION		
<p>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.</p>		
Delegatee Signature: _____		Date _____
Delegating RN Signature: _____		Initials _____ Date _____

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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"/> Daily checks <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:
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Delegating RN Signature _____ Initials _____

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