

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

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

| PROCEDURE | Training Record RN Initial & Date |
|---|--------------------------------------|
| <p><i>Central Venous Catheters (CVC's) included in this delegation are implanted ports. Immediate intervention is needed for infection concerns, and dislodgement or accidental removal.</i></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 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 needle change. | |
| 5. If cap is off or falls off, do not replace. 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 a sterile dressing and Tegaderm 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. 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

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CATHETERS-Implanted Port**

Name
Student/Child

Birth
Date:

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Center

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| RN Initial & Date | Procedure ✓ = 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: |
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Delegating RN Signature

Initials _____

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