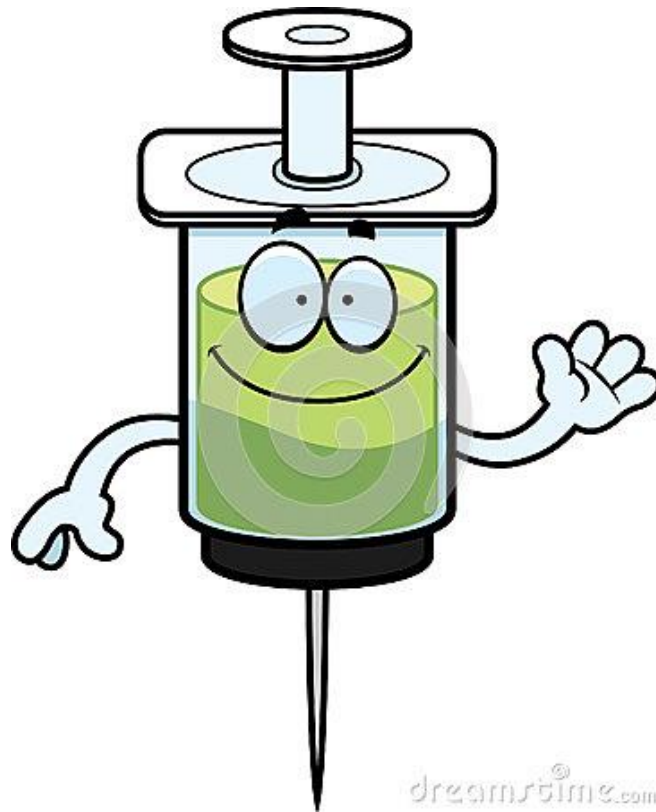


MEDICATION ADMINISTRATION, IV, PICC, and SC FLUIDS CERTIFICATION FOR REGISTERED NURSES



MEDICATION CERTIFICATION PROGRAM

Certification Process

Purpose

- To provide safe practice guidelines to Total Care Health Service (TCHS) and Access Community Health (ACH) Nurses.
- To provide support and education for TCHS and ACH nurses to ensure safe levels of clinical practice and optimal client outcomes.
- To provide a performance management tool for managing safe delivery of medication administration, IV, PICC and SC infusions by nurse.

Process

- The certification process will be managed by the Clinical Nurse Leaders (CNL)/Clinical Manager (CM)/Clinical Team Leaders (CTL).
- The process is reviewed every two years with the Clinical Nurse Leaders/Clinical Nurse Manager/Clinical Team Leaders.
- A master copy of all relevant templates will be kept with the National Manager Quality and Audit. All assessment documents will be standardised.
- The certification process for Total Care Health Services and Access Community Health nurses will consist of:
 - Requirement to read and understand the company Medication Policy and associated procedures on the administration of medications, IV, PICC and SC infusions and IM injections.
 - An open book test.
 - Completion of CPR course at a minimum of Level 4.
 - Practical assessment on delivery of medication via IV, PICC and SC fluids with CNL/CTL assessor or nominated Senior Nurse as approved by CNL/CTL.
- All nurses participating in the certification process will be given the pre reading book 2 weeks prior to completing the test and clinical audit.
- The test will require all questions to be answered correctly to rate as a pass. If this result is not achieved, nurses will undergo further training with the CNL/CTL. If a second test is also unsuccessful then the nurse will be referred to the Nurse Manager/Clinical Nurse Manager.
- Clinical competence as per the identified criteria must be demonstrated at the clinical audit. Otherwise further training will be required.
- A record of training, test and clinical audit will be signed off by the CNL/CTL and kept in the nurse's personnel file and sent to the Nurse Manager/Clinical Nurse Manager.

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MEDICATION CERTIFICATION PROGRAM

- The nurse will be encouraged to update the Certification process bi-annually by: successfully completing both the test and the clinical audit. The process can also be utilised as a performance management tool if necessary.
- The CNL/CTL will keep records of nurse training and alert nurses within two months of when the next audit is due.

Medications – IM/IV/CVL & SC Fluids

Name:			
Date:		Mark:	

IV

Question 1

Mrs G presents to the hospital and the doctor diagnoses cellulitis. She prescribes Cephazolin 2gm IV in 100mls NaCl over 20 mins daily for 3 days to be administered at home under POAC.

What are 4 reasons why medication is given IV?

1.
2.
3.
4.

Question 2

When checking the IV fluids what are you are checking for:

1.
2.
3.
4.
5.

Question 3

Describe how you would prepare and administer IV Cephazolin 2gm?

.....

.....

.....

.....

MEDICATION CERTIFICATION PROGRAM

Question 4

Cephazolin 2gm has been prescribed in 100mls NaCl to be given over 20 mins.
The giving set you use has a drip factor of 20 drops/ml. How many drops/min will you need to set the rate at?

Question 5

Mrs G asks you what is the purpose of the Probenecid the Doctor has also prescribed, what would you advise her?

Question 6

Before you start the antibiotic infusion, you ensure that Mrs G is aware of possible:

a r

What do you ask her to do if these occur?

Question 7

Name 5 signs and symptoms of acute anaphylaxis?

1. -----
2. -----
3. -----
4. -----
5. -----

Question 8

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Mrs G reports to you that she is feeling nauseated and her skin is feeling itchy. What are your immediate nursing actions?

- 1.
- 2.
- 3.
- 4.

Question 9

What drug is used for the emergency treatment of acute anaphylaxis?

.....

Question 10

What is the dose administered under standing orders?

.....

Question 11

What are the actions of this drug?

.....

.....

Question 12

What route and site will you give the Adrenaline?

.....

Question 13

What is the nursing management of Mrs G after the administration of Adrenaline?

.....

.....

.....

Question 14

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Mrs G says she is feeling better. Does she need to go to hospital?

YES / NO

Question 15

What are your nursing responsibilities – i.e. what are some of the things you need to know about the medication before administering it?

- 1.
- 2.
- 3.

Question 16

List the 5 R's when checking medication?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Question 17

If you are unfamiliar with a drug and need to source some information about it, what are 3 possible sources?

- 1.
- 2.
- 3.

Question 18

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IV medication in the community must be checked by the administering Registered Nurse and:

- 1. _____
- OR 2. _____
- OR 3. _____

Question 19

What important documentation should be included in the patient’s records concerning administration of IV medication?

Question 20

Mrs C is having IV antibiotics administered in her home.
Name 5 possible complications of IV medication administration?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Question 21

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Name at least 4 measures for preventing complications as explained above?

Question 22

What is the recommended replacement time for Mrs C’s IV leur?

Question 23

Mr X is prescribed 800 mg of Flucloxacillin IV for his wound infection. The injection arrives in 1000mg ampoule and has 5mls of water added. How many mls will you administer?

CVL/PICC

Question 24

Where are central venous catheters situated in the body?

Question 25

Describe the procedure when flushing a PICC line

Question 26

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Name 2 indications for the use of a PICC in the community?

Question 27

How often is the PICC dressing required to be changed?

Question 28

How often should the PICC line be flushed if not being used?

Question 29

When changing a PICC dressing what will you also be assessing for?

Question 30

When should the Statlock be changed?

Question 31

List 3 potential risks of having a CVL insitu?

1. _____
2. _____
3. _____

Question 32

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How do you assess patency of the CVL?

Question 33

You are asked to remove a PICC line. Describe the removal Process.

Question 34

You are asked to change a Baxter Infusor. Describe the process.

Question 35

When changing a Baxter infusor, what education would you give your client?

SUBCUTANEOUS FLUIDS

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MEDICATION CERTIFICATION PROGRAM

Question 36

What is the maximum amount of fluid to be administered through subcutaneous site?

Question 37

What are 3 indications for the need for rotation of site for subcutaneous fluids?

1. _____
2. _____
3. _____

Question 38

Mrs C is prescribed 1000mls of Na Cl over 12 hrs subcutaneous infusion for dehydration. The giving set you use has a drip factor of 20 drops/ml. How many drops/min will you need to set the rate at?

IM INJECTIONS

Question 39

Name 3 common drugs given in the community.

1. _____
2. _____
3. _____

Question 40

Describe administration of an injection using the Z track method.

Intravenous Medication and Infusions Clinical Audit

Nurses Name:	Date:
---------------------	--------------

Bondy Scale (attached) 1 2 3 4 5 N/O

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
1. Rationale		
▪ Client's diagnosis		
▪ Reason for giving IV additive		
2. Medication Information		
▪ The expected therapeutic effect of the medication on the client		
▪ Usual dose		
▪ Recommended method of administration		
▪ Recommended rate of infusion and/or dilution		
▪ Potential side effects		
▪ Contraindications		
▪ Incompatibles – IV solutions, other medications		
▪ Knowledge of resources available for medication information		
3. Checking		
▪ Checks the vial/ampoule against the prescription – this should be done by two people as per policy		
- Right Client		
- Right medication		
- Right dose		
- Right diluents – correct type & amount, visual inspection of quality		
- Right route – suitable for IV administration		
▪ Expiry dates of medication, diluent & IV fluids		
▪ When last given		
▪ Client allergies & hypersensitivities		
▪ Checks client identity visually & verbally, checking name corresponds with medication order		
▪ Checks IV insertion site for extravasation & that the needle is securely anchored		
▪ Checks IV system for patency		
4. Administration		
▪ Explains purpose of medication, monitoring & signs of adverse effects.		
▪ Ensures informed consent obtained		
▪ Administers the medication via the specified route using the specified delivery system & safe aseptic		

MEDICATION CERTIFICATION PROGRAM

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
technique		
<ul style="list-style-type: none"> ▪ Administers infusion at correct rate 		
<ul style="list-style-type: none"> ▪ Administers the medication in manner that the client determines as being culturally safe 		
5. Monitoring/Observations		
Nursing responsibilities in observing and monitoring the client receiving the medication:		
<ul style="list-style-type: none"> ▪ Observations and recordings where relevant 		
<ul style="list-style-type: none"> ▪ Applicable parameters of observation, when to contact doctor 		
<ul style="list-style-type: none"> ▪ Assesses client & expected response to treatment 		
<ul style="list-style-type: none"> ▪ Observation of client for signs of adverse reactions 		
<ul style="list-style-type: none"> ▪ Observation of rate of infusion 		
<ul style="list-style-type: none"> ▪ Observation of IV site during infusion 		
6. Infection Control/Health & Safety		
<ul style="list-style-type: none"> ▪ Follows the aseptic procedure for diluting, drawing up and administering the medication 		
<ul style="list-style-type: none"> ▪ Identifies the prepared medication by attaching a "Medication Added" label to bag 		
<ul style="list-style-type: none"> ▪ Safely transports syringe from medication preparation area to client – hand hygiene 		
<ul style="list-style-type: none"> ▪ Safely disposes of syringe and needle/interlink cannula 		
7. Documentation		
<ul style="list-style-type: none"> ▪ Documents against the prescription in Health365 – initials of administering nurse, time, route, batch & expiry date 		
<ul style="list-style-type: none"> ▪ Documents in IV Therapy Chart & Clinical Note – time drug administered and client response if applicable 		

MEDICATION CERTIFICATION PROGRAM

PICC Medication Clinical Audit

Nurses Name:	Date:
---------------------	--------------

Bondy Scale (attached) 1 2 3 4 5 N/O

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
1. Rationale		
▪ Client's diagnosis		
▪ Reason for giving Medication		
2. Medication Information		
▪ The expected therapeutic effect of the medication on the client		
▪ Usual dose		
▪ Recommended method of administration		
▪ Recommended rate of infusion and/or dilution		
▪ Potential side effects		
▪ Contraindications		
▪ Knowledge of resources available for medication information		
3. Checking		
▪ Checks the vial/ampoule or infusor against the prescription – this should be done by two people as per policy		
- Right Client		
- Right medication		
- Right dose		
- Right diluents – correct type & amount, visual inspection of quality		
- Right route – suitable for PICC administration		
▪ Expiry dates of medication		
▪ When last given		
▪ Client allergies & hypersensitivities		
▪ Checks client identity visually & verbally, checking name corresponds with medication order		
▪ Checks PICC insertion site for bleeding, swelling, bruising, redness, induration, leaking, pain, dressing integrity & catheter securement.		
▪ Check neck , shoulder for swelling, pain & thrombosis		
▪ Check to ensure a Positive Pressure Access Device is present and if not change.		
4. Administration		
▪ Explains purpose of medication, monitoring &		

MEDICATION CERTIFICATION PROGRAM

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
signs of adverse effects.		
<ul style="list-style-type: none"> ▪ Ensures informed consent obtained 		
<ul style="list-style-type: none"> ▪ Administers flush using 10mls Normal saline 0.9% (or posi-flush) checking line for patency first through visual confirmation of blood return. 		
<ul style="list-style-type: none"> ▪ Administers the medication via the specified route using the specified delivery system & safe aseptic technique 		
<ul style="list-style-type: none"> ▪ Administers infusion at correct rate 		
<ul style="list-style-type: none"> ▪ Administers the medication in manner that the client determines as being culturally safe 		
5. Monitoring/Observations		
Nursing responsibilities in observing and monitoring the client receiving the medication:		
<ul style="list-style-type: none"> ▪ Observations and recordings where relevant 		
<ul style="list-style-type: none"> ▪ Applicable parameters of observation, when to contact OPIVA/Doctor 		
<ul style="list-style-type: none"> ▪ Assesses client & expected response to treatment 		
<ul style="list-style-type: none"> ▪ Observation of client for signs of adverse reactions 		
6. Infection Control/Health & Safety		
<ul style="list-style-type: none"> ▪ Follows the aseptic procedure for diluting, drawing up and administering the medication 		
<ul style="list-style-type: none"> ▪ Safely transports syringe from medication preparation area to client – hand hygiene 		
<ul style="list-style-type: none"> ▪ Safely disposes of syringe and needle/interlink cannula 		
7. Documentation		
<ul style="list-style-type: none"> ▪ Documents in ACC IV Therapy form in Health365 administering nurse, time, route, batch & expiry date, IV insertion site and observations. 		
<ul style="list-style-type: none"> ▪ Documents in Clinical notes - PICC insertion site, details of saline flush and any concerns. 		

MEDICATION CERTIFICATION PROGRAM

PICC Dressings Clinical Audit

Nurses Name:	Date:
---------------------	--------------

Bondy Scale (attached) 1 2 3 4 5 N/O

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
1. Rationale		
▪ Client's diagnosis		
▪ Reason for changing dressing		
2. Equipment		
▪ Correct equipment available		
○ 2% Chlorhexidine with alcohol Wipes		
○ Clean & Sterile Gloves		
○ IV Tegaderm CHG dressing or IV PICC 3000 dressing as alternative		
○ 2% Chlorhexidine with alcohol Swab Sticks		
○ Statlock		
○ Positive Displacement Access Device		
○ Extension Set (if required)		
○ Dressing Pack		
3. Procedure		
▪ Careful removal of old dressing		
▪ Cleansing of insertion site. Demonstrates correct technique in circular motion from insertion site out.		
▪ Can explain why this technique is important		
▪ Can identify whether statlock needs changing and explain rationale.		
▪ Correct changing of Statlock		
▪ Apply new sterile dressing in correct position for insertion site, catheter tubing and hub.		
▪ Can identify when extension set and positive displacement access device needs changing and explain rationale.		
▪ Correct changing of positive displacement access device		
4. Administration		
▪ Explains purpose of PICC Dressing		
▪ Ensures informed consent obtained		

MEDICATION CERTIFICATION PROGRAM

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
5. Monitoring/Observations		
Nursing responsibilities in observing and monitoring the client receiving the PICC dressing change:		
<ul style="list-style-type: none"> ▪ Observations and recordings where relevant 		
<ul style="list-style-type: none"> ▪ Applicable parameters of observation, when to contact OPIVA 		
<ul style="list-style-type: none"> ▪ Inspect catheter site for swelling, redness or exudates. 		
<ul style="list-style-type: none"> ▪ Assess external length of catheter to determine if migration of catheter has occurred. 		
<ul style="list-style-type: none"> ▪ Measures the length of PICC line from insertion site to hub and compares length. 		
<ul style="list-style-type: none"> ▪ Can explain action required if migration of catheter has occurred. 		
<ul style="list-style-type: none"> ▪ Can explain risks of migration of catheter. 		
6. Infection Control/Health & Safety		
<ul style="list-style-type: none"> ▪ Adequate Hand Hygiene 		
<ul style="list-style-type: none"> ▪ Correct use of clean gloves 		
<ul style="list-style-type: none"> ▪ Correct use of aseptic application of sterile gloves 		
<ul style="list-style-type: none"> ▪ Aseptic technique demonstrated throughout procedure 		
<ul style="list-style-type: none"> ▪ Correct Period of air drying demonstrated 		
<ul style="list-style-type: none"> ▪ Safe disposal of rubbish post procedure 		
7. Documentation		
<ul style="list-style-type: none"> ▪ Documents procedure in clinical notes 		
<ul style="list-style-type: none"> ▪ Documents clients verbal consent 		
<ul style="list-style-type: none"> ▪ Documents catheter site assessment and length of PICC line from insertion site to hub. 		

PICC Line Removal Clinical Audit

Nurses Name:	Date:
---------------------	--------------

Bondy Scale (attached) 1 2 3 4 5 N/O

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
1. Authorisation		
▪ Checking authorisation from OPIVA/Doctor		
○ Right Client		
○ Right Date of removal		
2. Positioning		
▪ Place Client in supine position		
▪ Reason for this position		
3. Procedure		
▪ Demonstrates the following		
○ Hand hygiene		
○ Aseptic Technique – opening dressing pack, prepare equipment required.		
○ Correct applications of clean gloves		
○ Removal of dressing and statlock		
○ Cleaning of exit site with chlorhexidine 2% / alcohol wipe		
○ Explanation to client on how to perform Valsalva manoeuvre		
○ Explanation for Valsalva manoeuvre		
○ Removal of PICC		
○ Pressure over exit site and application of occlusive dressing		
○ Explanation on when dressing should be removed.		
4. Administration		
▪ Explains purpose of PICC line removal.		
▪ Ensures informed consent obtained		
5. Monitoring/Observations		
Nursing responsibilities in observing and monitoring the clients PICC line removal:		
▪ Observations and recordings where relevant		
▪ Applicable parameters of observation, when to contact OPIVA		

Aim: the RN will demonstrate competence by completing the following:

	Scale	Comments
<ul style="list-style-type: none"> ▪ Inspect catheter tip. Observation for blue tip of catheter required 		
<ul style="list-style-type: none"> ▪ Can identify symptoms and care of client with air embolism 		
6. Infection Control/Health & Safety		
<ul style="list-style-type: none"> ▪ Adequate Hand Hygiene 		
<ul style="list-style-type: none"> ▪ Correct use of clean gloves 		
<ul style="list-style-type: none"> ▪ Aseptic technique demonstrated throughout procedure 		
<ul style="list-style-type: none"> ▪ Safe disposal of rubbish post procedure 		
7. Documentation		
<ul style="list-style-type: none"> ▪ Documents procedure in clinical notes 		
<ul style="list-style-type: none"> ▪ Documents clients verbal consent 		
<ul style="list-style-type: none"> ▪ Documents catheter tip assessment 		

MEDICATION CERTIFICATION PROGRAM

Bondy Scale (Bondy 1983)

Scale	Standard	Quality of Clinical Performance	Assistance
1. Independent	Safe, accurate	Proficient, coordinated, confident. Within an expedient time period. Accurate knowledge	Without supportive cues.
2. Supervised	Safe, accurate	Efficient, coordinated. Within reasonable time period. Needs occasional prompting with relevant knowledge.	Occasional supportive cues.
3. Assisted	Safe, accurate	Skilful in parts of behaviour. Inefficiency and in coordination. Within a delayed time period. Has some knowledge still requires explanation	Frequent verbal and occasional physical and directive cues in addition to supportive ones.
4. Marginal	Safe but not alone. Performs at risk		Continual verbal and frequent physical cues.
5. Dependent	Unsafe. Unable to demonstrate competency		Continual verbal and physical cues

Certification Training Record

Nurses Name: _____

<u>Task</u>	<u>Date Completed</u>	<u>Standard Met</u>	<u>Standard Not Met</u>	<u>Signed off by IV Assessor</u>
Test - Written				
<u>Clinical Audit</u>				
IV Medication				
PICC Medication				
PICC Dressing				
PICC Line Removal				

Certification completed **Yes** File in personnel record
 Certification incomplete **Yes** Refer for further training

Signed: _____

The next date for your Test and Clinical Audit is _____

Attach Letter Head

Date: _____

Dear _____

Clinic _____

Re: IM/IV/CVL Medications & IV and SC Infusions Administration Certificate

This letter is to remind you that the date for your next update is: _____

This will be a self directed test and clinical audit.

If there is a problem with this, please could you contact me at your earliest opportunity.

Kind regards,

Name: _____
Clinical Nurse Leader/Clinical Team Leader

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