Student Name:					
Medical School: Year:					
Cannulation		Self	Peer	Peer/	Tutor
	d to see a patient who requires a cannula for IV antibiotics.			Tutor	
	t a peripheral venous cannula for this manikin/patient ions before and during the procedure				
Explain clinical	Administer IV fluids				
indications	 Administer blood and blood product 				
	Administer IV drugs				
Discuss anatomical	Veins in the upper limbs that may be accessed: And a white limbs that may be accessed:				
and physiological principles	antecubital fossa (medial cubital vein), basilic vein (ulnar side), cephalic vein (radial side) and metacarpal veins,				
principles	dorsal venous arch				
	Aim for distal first				
Explain	 Absolute: AV fistula, patient refusal, ipsilateral 				
contraindications	mastectomy, trauma of the extremity.				
for	 Relative: Overlying skin abnormality (cellulitis, burns, 				
cannulation	skin disease) bruising, oedema, CVA				_
Explain parts, sizes and choice of	 Introducer needle, cannula wings, injection port, flashback chamber, cap. Grip plate, safety clip 				
cannula	 Cannula colour coded for gauge 				
Carinala	Size required for this procedure- smallest cannula/ for				
	required flow rate/ in largest vein				
Explain main	 Localized phlebitis and/or cellulitis, bleeding from site, 				
complications	air embolism, catheter fracture and embolism (rare)				
	infiltration, extravasation				
Wash hands	 Hand wash with water and soap using the Ayliffe 				
Domonotroto	technique Introduces themselves				
Demonstrate communication	Introduces themselvesIdentifies patient appropriately				
skills	 Establishes patient's expectations or worries 				
and obtaining	Gains informed consent, clear explanation of				
informed	the procedure, risk and benefits				
consent	Checks for allergies				
	Checks if patient is on anticoagulation therapy				
	• Checks for absolute / relative contraindications				
Propares	 Encourages questions from the patient Applies apron (gloves optional) and cleans tray 				
Prepares equipment	according to local policy			Ш	
oquipmont	Removes PPE & gels hands				
	 Collects all appropriate equipment, including apron, 				
	gloves and alcohol hand gel				
	Disposable tourniquet				
	Skin cleanser (2% Chlorhexidine; 70% alcohol)				
	 10ml 0.9% sodium Chloride, prescribed on drug chart & 10ml syringe 				
	Sharps bin and injection tray.				
	Checks intact packaging and all expiry dates				
Demonstrates	States this is an aseptic non touch technique				
procedure	 Washes hands, enters patient bed space and uses 				
	alcohol hand gel and puts apron on				
	Explains how to position a patient comfortably Opens pack proposed arranges againment				
	 Opens pack, preps and arranges equipment Applies tourniquet to select suitable vein - 2 fingers 				
	underneath & check radial pulse				
	 Tourniquet is 10cm above the site of cannulation. 				
	Remove tourniquet once vein identified.				
	 Clean skin using cross hatch motion for 30 seconds, 				
	allows skin to dry				
	Puts on non-sterile gloves				
	 Primes needle free device (where appropriate) 		<u> </u>	l	

	 Does NOT re-palpate the vein - re-applies tourniquet Applies skin traction to anchor the vein below the site of 				
	cannulation Informs patient of sharp scratch				
	 Ensuring that the bevel of the needle is facing upwards, 				
	inserts cannula into the vein and obtains first flashback in "flashback" chamber				
	Lowers the angle of the cannula, inserts a further 2-3mm				
	prior to withdrawing needle slightly to ensure the				
	cannula has entered the vein and then to see a second flash back along the length of the cannula tube.				
	 Keeping the needle still, advances the cannula into the 				
	vein and releases tourniquet Places thumb on wing of cannula and finger past the tip				
	of the cannula to prevent bleeding. Use sterile gauze				
	under cannula if required.				
	 Removes needle, immediately places into sharps container and applies primed needle-free device 				
	Secures wings of cannula with cannula dressing				
	• Checks cannula patency with at least 5mls of 0.9 %				
	Sodium Chloride in a 10ml syringe using a pulsatile action				
	 Apply curos cap(s) onto injection port(s) of needle-free 				
	device if used by Trust				
	 Dates cannula dressing and locks cap on top of the cannula hub, 				
	 Ensures patient is comfortable and disposes of 				
	equipment appropriately Washes hands following Trust policy				
	Thanks patient				
Discusses post-	Completes documentation-according to local trust policy and positive real years as a second forms.				
procedure management	and peripheral venous access formEnsures Nursing staff are aware of successful				
g	cannulation				
	 Inspect cannula site as per local trust policy Replace cannula as per local trust policy 				
Demonstrates	Assessment throughout the procedure & encourages				
professionalism	patient to ask questions				
Overall ability to	 Maximum of 2 attempts Assess globally, would you be happy for this student to 	П			
perform procedure	be supervised to perform cannulation?	ш			
Self-assessed as at	Cignoture				
least pass	Signature: Date:				
Peer-assessed	Signature: Date:				
ready for tutor	Cignoture				
Tutor assessed:	Signature: Date:				
Notes			1	1	1

F = Fail B = Borderline P = Pass G = Good E = Excellent