

Intravenous (IV) flush and visual infusion phlebitis (VIP) assessment marking criteria

| Assessment criteria | |
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| 1 | Checks that all the equipment required for the procedure is available and, where applicable, is sterile (i.e. that packaging is undamaged, intact and dry; that sterility indicators are present on any sterilised items and have changed colour, where applicable). |
| 2 | Assesses the cannula and verbalises signs of phlebitis: pain, erythema (colour), oedema, palpable venous cord, pyrexia (identifies two for a partial and five for a full pass). |
| 3 | Cleans hands with alcohol hand rub, or washes with soap and water and dries with paper towels, following WHO guidelines. |
| 4 | States that the tray or trolley has been cleaned with detergent wipes (or equivalent) and places all the equipment required for the procedure on the bottom shelf of the clean dressing trolley (or suitable equivalent). |
| 5 | Dons a disposable plastic apron. |
| 6 | Takes the equipment to the person's bedside in tray or trolley. |
| 7 | Gains consent and explains the procedure to the patient. |
| 8 | Before administering any prescribed drug, looks at the person's prescription chart and correctly checks ALL of the following: Correct: <ul style="list-style-type: none"> • person (checks ID with person: verbally, against wristband (where appropriate) and documentation), • drug • dose • date and time of administration • route and method of administration • diluent (as appropriate). • Any allergies. |
| 9 | Correctly checks ALL of the following: <ul style="list-style-type: none"> • validity of prescription • signature of prescriber • prescription is legible. <p>If any of these pieces of information is missing, unclear or illegible, the nurse should not proceed with administration and should consult the prescriber.</p> |
| 10 | Cleans hands with alcohol hand rub, or washes with soap and water and dries with paper towels. Dons non-sterile gloves. |

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| 11 | Cleanses the end of the IV port with sterile alcohol wipes saturated with 70% isopropyl alcohol for 30 seconds, leaving to dry over 30 seconds. |
| 12 | Connects the pre-filled syringe to the port using an aseptic non-touch technique (ANTT) and flushes cannula using a pulsating action. |
| 13 | Asks the patient whether any discomfort is experienced while flushing. |
| 14 | Disposes of waste appropriately – verbalisation accepted. |
| 15 | Cleans hands with alcohol hand rub, or washes with soap and water and dries with paper towels, following WHO guidelines – verbalisation accepted. |
| 16 | Dates and signs drug administration record. Prompt permitted – verbalisation accepted. |
| 17 | Acts professionally throughout the procedure in accordance with NMC (2018) 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'. |

Red flags:

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| | <p>If the candidate fails to administer the medication correctly. They must check the following:</p> <ul style="list-style-type: none"> • Right patient/dose/time/route/drug. <p>They must also sign, date and time the prescription. If any of the above is missed, this should result in a fail.</p> |
| | <p>If candidate does not use aseptic non-touch technique for the procedure/contaminates the sterile areas, this should result in a fail.</p> |
| | <p>Another Red Flag issue (leading DIRECTLY to patient harm) identified by assessor.</p> |