



State of Tennessee
 Department of Health
 Division of Emergency Medical Services
IV THERAPY CLINICAL CHECKLIST

Student Name: _____ Class Number #: _____

Educational Institution: _____ Instructor: _____

Procedure	#1	#2	#3	#4	#5	Comments
Results	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	
Checks selected IV fluid for: Proper Fluid Clarity						
Selects appropriate catheter						
Selects proper administration set						
Connects IV tubing to the IV bag						
Prepares administration set (fills drip chamber and flushes tubing)						
Cuts or tears tape (at any time before venipuncture)						
Takes/body substance isolation precautions (prior to venipuncture)						
Applies tourniquet						
Palpates suitable vein						
Cleanses site appropriately						
Performs veinpuncture Inserts stylette Notes flashback Occludes vein proximal to catheter Removes stylette Connects IV tubing to catheter						
Disposes of needle in proper container						
Releases tourniquet						
Set IV to proper drip rate						
Secures catheter (tapes securely)						
Adjust flow rate as appropriate						
Completes proper documentation						
Results of Procedure (Pass/Fail)						

Critical Criteria

- _____ Failure to establish a patent and properly adjust IV
- _____ Failure to take body substance isolation precautions prior t performing venipuncture
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- _____ Failure to successfully establish IV within 3 attempts
- _____ Failure to dispose of needle/equipment in proper containers

Signature and initials of individual evaluating student for above procedures:

1. _____ Initials: _____ Date: _____
2. _____ Initials: _____ Date: _____
3. _____ Initials: _____ Date: _____
4. _____ Initials: _____ Date: _____
5. _____ Initials: _____ Date: _____