

**SKILL SHEETS SHOULD BE APPROVED BY INDIVIDUAL EDUCATION PROGRAM**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

TDSHS Level: AEMT  EMT-P

Type of Test: Initial Course Number \_\_\_\_\_ Initial Testing  Initial Retest

LATE RENEWAL  TDSHS EMS Personnel Number \_\_\_\_\_

Testing Location \_\_\_\_\_

**All components are ABSOLUTES.**

**DO NOT DEDUCT FOR OUT OF SEQUENCE UNLESS SPECIFICALLY INDICATED.**

Inserting a Peripheral IV	Start Time		End Time	
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1.	Takes of verbalizes PPE		Performed
2.	Checks selected IV fluid for: -Proper fluid -Clarity -Expiration date		
3.	Selects appropriate catheter		
4.	Selects proper administration set		
5.	Connects IV tubing to the IV bag		
6.	Prepares administration set [fills drip chamber and flushes tubing]		
7.	Cuts or tears tape [at any time before venipuncture]		
8.	Takes or verbalizes body substance isolation precautions [prior to venipuncture]		
9.	Applies tourniquet		
10.	Palpates suitable vein		
11.	Cleanses site appropriately		
12.	Performs venipuncture -Inserts stylette -Notes or verbalizes flashback -Occludes vein proximal to catheter -Removes stylette -Connects IV tubing to catheter		
13.	Disposes/verbalizes proper disposal of needle in proper container		
14.	Releases tourniquet		
15.	Runs IV for a brief period to assure patent line		
16.	Secures catheter		
17.	Adjusts flow rate as appropriate		
18.	Exhibits calm professional demeanor with all persons involved		
19.	Exhibits leadership and teamwork		

**STATUS** PASS (ALL COMPONENTS PERFORMED)  FAILED (COMPONENTS NOT PERFORMED)

Evaluator Name (PRINTED) \_\_\_\_\_ Signature \_\_\_\_\_

COMMENTS (Required for any failure):