

## Competency for Ultrasound guided cannulation

Name:	Ward/Department:
Employee Number:	Email address:

<b>Aim:</b>	To enable registered Nurses and Assistant Practitioners within the Acute Care Team to competently and confidently place cannula's with ultrasound guidance in adult patients.
<b>Objectives:</b>	The Practitioner will be able to. Know their way around an ultrasound machine understanding the basic functions for vascular access. Place a cannula confidently and competently, using ultrasound techniques.
<b>Update:</b>	Competencies to be reviewed yearly, Normally during appraisal process.
<b>Training Prerequisite:</b>	Prior to this assessment the Practitioner must have completed: Elearning Image Interpretation 87 Vascular Access Trust venepuncture and cannulation training. ANTT training. Be aware of trust hand washing and infection control policies.

Assessment Criteria	Competent Y/N
<b>PREPARATION</b>	
1. Confirm that the cannula is required and there are no other treatment options.	
2. Identify the patient and explain the procedure. Obtain informed consent and check for allergies. N.B if required apply local/topical prescribed anaesthetic in accordance with prescription and guidelines.	
3. Gathers all relevant equipment needed to perform the task and check it is in working order	
4. Able to discuss and assess the need for Vascular Access including trust policy for converting IV medication to oral.	
<b>PROCEDURE</b>	
5. Check Ultrasound machine, service date and check its clean and intact with linear probe available	
6. Can compile all equipment needed for cannulation under ultrasound guidance taking into account size of cannula	
7. Able to discuss when it is appropriate to use local anaesthetic and administer according to trust policy	
8. Knows how to prepare the patient and the ultrasound machine for cannulation using surgical ANTT	
9. Shows a satisfactory understanding of how to use the ultrasound machine to give the best vision of the structures within the limb.	
10. Demonstrates satisfactory knowledge of the structures within the arm on ultrasound including differentiating between Artery and vein, awareness of nerve bundles and other structures within the limb.	
11. Is aware of the policy and actions to be taken in the event of accidental puncture of an artery or nerve.	
12. Has understanding of how and why to track and compress veins making sure they are clear of obstructions such as Thombus and valves and the structure and direction of the vein. Being able to choose a suitable vein for cannulation.	
13. Shows confidence and competence in placing and advancing the cannula with good visualisation on the ultrasound.	
14. Places cannula according to trust SOP for cannulation including needle free device and suitable transparent semi-permeable dressing (IV3000)	
15. When placing into deeper veins be aware that a larger flush may be required to identify that cannula is	

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suitably placed within the vein.	
<b>DOCUMENTATION</b>	
16. Knows where to document date and time of insertion, lot number, flush, size / colour of cannula, site, and number of attempts and any complications / actions on prescription chart and patient's notes	
17. Understands infection control policies around cleaning of equipment and safe removal of sharps after completion of the task.	
18. Is aware that all Ultrasound guided cannulas (whether placed or failed) should be recorded on the ACT database for audit purposes.	
19. If cannulation is still unachievable, the placer should have an understanding of the escalation process in these circumstances involving Vascular Access team, DFA or ICU team.	
20. Able to review medication chart and if ongoing IV treatment still indicated to refer to Vascular Access for a more permanent IV line.	

<b>ASSESSOR</b>	
I certify that ... .. has completed all the required competencies	
<b>Signed:</b>	<b>Print Name:</b>
<b>Position:</b>	<b>Date:</b>

<b>CANDIDATE</b>	
I confirm that I have had theoretical and practical training on venous cannulation using ultrasound guidance and consider myself to be confident and competent to use this device without further training. I agree to comply with the Trust policies and procedures at all times.	
<b>Signed:</b>	<b>Print Name:</b>
<b>Position:</b>	<b>Date:</b>

<b>MANAGERS AUTHORISATION</b>	
Manager's signature providing authority for practitioner to undertake the insertion of a urinary catheter.	
<b>Signed:</b>	<b>Print Name &amp; Date:</b>

<b>ACTION PLAN (if competencies not achieved)</b>	
If not competent must remain under supervision until assessed as competent, if still not competent after second attempt manager must refer to performance management policy and date must be planned for reassessment of competence	
<b>Assessor's signature:</b> .....	<b>Candidate's signature:</b> .....

Storage of this completed assessment document and associated evidence should remain with the manager's training records and assessment of competence should be recorded on Healthroster. Any medical device training that has taken place must be recorded on OLM under the appropriate training category. Please send the L&OD Admin team a **copy** of this completed form: [plh-tr.WODadminteam@nhs.net](mailto:plh-tr.WODadminteam@nhs.net) OR L&OD Admin Team, 2<sup>nd</sup> Floor, NU Building

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