

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
NEONATAL ARTERIAL BLOOD SAMPLING**

Name: _____
Unit: _____

ID #: _____
Date: _____

<u>Skill:</u>	<u>1st Attempt</u>	<u>2nd Attempt</u>	<u>Comments</u>
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Perform's Allen's Test:

- | | | | |
|---|-------|-------|-------|
| 1. Compresses/occludes the radial and ulnar arteries. | _____ | _____ | _____ |
| 2. Massages hand toward wrist. | _____ | _____ | _____ |
| 3. Releases pressure from ulnar artery, and observes for return to normal color. | _____ | _____ | _____ |
| 4. When asked, is able to state that the color should return to the hand within 6 seconds to confirm a patent ulnar artery. | _____ | _____ | _____ |
| 5. Is able to state which arteries can be used, and how to check them for collateral circulation. | _____ | _____ | _____ |

Radial Artery Blood Draw:

- | | | | |
|--|-------|-------|-------|
| 1. Identifies Patient. | _____ | _____ | _____ |
| 2. Attains requisition and verifies it matches patient identifiers (id band & crib card) | _____ | _____ | _____ |
| 3. Gathers supplies: 3ml or ABG syringe, 23 or 25 guage needle, betadine swab, alcohol swab, gauze, and proper blood tubes if labs are needed. | _____ | _____ | _____ |
| 4. Dons clean gloves. | _____ | _____ | _____ |
| 5. Palpates the artery. | _____ | _____ | _____ |
| 6. Applies betadine to insertion site (and fingertip if needed for further palpating). | _____ | _____ | _____ |
| 7. Inserts needle, bevel up, @ 45 degree angle. | _____ | _____ | _____ |
| 8. After obtaining blood sample, removes needle quickly and applies pressure with gauze. | _____ | _____ | _____ |
| 9. When asked, is able to state that pressure should be held for 5 minutes, or 10 minutes for patients with clotting disorders. | _____ | _____ | _____ |
| 10. Labels blood specimens with date, time, initial, and the test name. | _____ | _____ | _____ |
| 11. Submerges ABG into ice slush, and takes other labs to HUC desk to be sent to lab. | _____ | _____ | _____ |

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____