

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

**COMPETENCY VALIDATION
NNICU PERIPHERAL ARTERIAL LINE MANAGEMENT**

Name: _____ **ID #:** _____
Unit: _____ **Date:** _____

Skill:	1 st Attempt	2 nd Attempt	Comments
A. States the purpose of Peripheral Arterial Line:			
1. Frequent monitoring of blood gases when catheterization of umbilical artery is not possible for technical or clinical reasons.			
2. Monitoring of arterial blood pressure.			
B. States 3 potential complications of Peripheral Arterial Line:			
1. Thrombus/emboli			
2. Hemorrhage			
3. Hematoma formation			
4. Arterial spasm			
5. Proximal or distal ischemia			
C. Gathers equipment for blood sampling via peripheral arterial line:			
1. 23g sterile needle			
2. 2x2 clean gauze ¹ square			
3. Appropriate blood collection tubes			
4. Capillary blood gas tube			
5. Pre-heparinized blood gas syringe			
6. 3 ml syringe			
7. UAC heparin flush with attached needle			
8. Alcohol prep pad			
9. Ice slush in container			
10. Provider order			
11. Laboratory chart order form			
12. Laboratory requisition			
13. Patient label			
D. Demonstrates procedure for blood sampling via peripheral arterial line:			
1. Identifies patient per procedure # 100.02			
2. Properly completes the blood gas analysis requisition slip if obtaining blood for blood gas analysis.			
3. Wash hands and don clean gloves.			
4. Clean injection port with alcohol.			
5. Place 2 x 2-gauze pad gently underneath the hub of the T-connector.			
6. Clamp T-connector as close to the hub of the T-connector as possible.			
7. With one hand stabilizing the art line and hub, gently insert the 23-gauge needle into the injection port and allow 4 drops of blood to drip on gauze pad.			

NNICU Peripheral Arterial Line Management

Skill:	1 st Attempt	2 nd Attempt	Comments:
8. To obtain specimen(s) allow blood to drop into appropriate container or if necessary (i.e., obtaining blood for blood culture, methHg, and Ionized calcium) attach a syringe to existing needle and withdraw blood by gentle aspiration.			
9. With one hand stabilizing the art line and hub remove needle or syringe and needle. Dispose of needle and syringe per Nursing Procedure # 25-05.			
10. With one hand stabilizing the art line and hub gently insert the flush syringe with new needle into injection port and flush arterial line with 0.5cc UAC flush then remove syringe and needle.			
11. Open clamp on T-connector and observe for clearing of blood from T-connector and return of waveform.			
12. Distribute blood to appropriate lab tube(s).			
E. Verbalizes appropriate documentation on patient label and patient flowsheet:			
1. Document on patient label: date, time, test ordered (i.e., CBC) and nurse's initials. Attach patient label(s) to specimen before leaving patient bedside.			
2. Take specimen, provider order and laboratory chart order form to HUC station.			
3. Document on flowsheet: a. Time specimen collected. b. Amount of blood withdrawn from infant over cumulative blood out from the patient. c. Site from which the blood was drawn. d. Test(s) performed. e. Amount and type of flush used.			
4. If obtaining a blood gas specimen : a. Check the blood gas sample for the presence of air in the syringe and expel any if present b. Cap the arterial blood gas syringe and gently rotate blood-gas syringe to ensure heparin and blood are mixed. c. Document on patient label date, time, and nurse's initials. Attach patient label to specimen before leaving patient bedside. d. Transport specimen and blood gas requisition slip to the respiratory therapy room immediately to ensure accurate results. Place specimen on ice.			
F. Identifies 3 circumstances in which notification of the Provider is indicated:			
1. Signs of infiltration			
2. Changes in perfusion (blanching, redness, cyanosis).			
3. Changes in temperature or capillary refill time.			
4. Notify practitioner if a dampened waveform is noted.			
5. Ensure that a continuous waveform is displayed at all times.			

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: _____