

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

**COMPETENCY VALIDATION  
PEDIATRIC PERIPHERAL ARTERIAL LINE MANAGEMENT**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Pediatric Peripheral Arterial Line Management</b>	<b>1<sup>st</sup> Attempt (P or F)</b>	<b>2<sup>nd</sup> Attempt (P or F)</b>	<b>Comments</b>
<b>A. States the purpose of Peripheral Arterial Line:</b>			
1. Monitoring of arterial blood pressure.			
2. Collection of frequent blood gas and other blood specimens.			
<b>B. States 3 potential complications of Peripheral Arterial Line:</b>			
1. Thrombus/emboli			
2. Hemorrhage			
3. Hematoma formation			
4. Arterial spasm			
5. Proximal or distal ischemia			
<b>C. Gathers equipment for blood sampling via peripheral arterial line:</b>			
1. 23g sterile needle			
2. 2x2 clean gauze <sup>1</sup> square			
3. Appropriate blood collection tubes			
4. Capillary blood gas tube			
5. Pre-heparinized blood gas syringe			
6. 3 ml syringe			
7. Alcohol prep pad			
8. Ice slush in container			
9. Provider order			
10. Laboratory chart order form			
11. Laboratory requisition			
12. Patient label			
<b>D. Demonstrates procedure for blood sampling via peripheral arterial line:</b>			
1. Identifies patient per procedure # 10.03			
2. Wash hands and don clean gloves.			
3. Clean injection port with alcohol.			
4. Place 2 x 2-gauze pad gently underneath the hub of the T-connector.			
5. Clamp T-connector as close to the hub of the T-connector as possible.			
6. 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.			

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7. To obtain specimen(s) allow blood to drop into appropriate container or if necessary (i.e., obtaining blood for blood culture, and Ionized calcium) attach a syringe to existing needle and withdraw blood by gentle aspiration.			
8. 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.			
9. Open clamp on T-connector and observe for clearing of blood from T-connector and return of waveform.			
10. States that the intra-flow device is <b>not</b> used to flush catheter and if the catheter fails to clear with the back-pressure, can draw and gently flush the system with 1-2 mL Heparinized solution from pressure bag			
11. Distribute blood to appropriate lab tube(s).			
12. Assesses for return of the arterial waveform on the monitor.			
<b>E.</b> Verbalizes appropriate documentation on patient label:			
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.			
<b>F.</b> Identifies 3 circumstances in which notification of the Provider is indicated:			
1. Blanching and/or burning to extremity			
2. Diminished pulses or capillary refill in the affected limb			
3. Mottling or temperature changes in the affected limb			
4. Any sign of compromised blood flow			
5. Redness, infiltration or cyanosis			

**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: \_\_\_\_\_