

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

**COMPETENCY VALIDATION  
VENTRICULOSTOMY**

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

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

<b>Ventriculostomy External Drainage System (EDS)</b>	<b>1<sup>st</sup> Attempt (P or F)</b>	<b>2<sup>nd</sup> Attempt (P or F)</b>	<b>Comments</b>
1. Verify Consent and Perform Time-Out			
2. States the contraindication for Ventriculostomy placement. a. Intracranial structure shifts b. Coagulopathy			
3. Demonstrate prep of external drainage system			
a. Gather and assemble equipment			
b. Wash hands			
c. Don surgical cap, mask and clean gloves			
d. Prepare sterile field with sterile towels			
e. Open 60 ml luer lock syringe, 18 g needle, pressure monitoring kit, external drainage system, blue micro clave port and drop onto sterile field			
f. Don sterile gloves			
g. Isolate transducer from pressure tubing & attach to the middle stopcock on external drainage system			
h. Place blue micro clave port on drip chamber stopcock & turn stopcock off to drip chamber			
i. Attach 18 g needle to 60 ml syringe			
j. Have a non sterile peer swab port of NS bag with betadine swab.			
k. Draw up 50 ml of NS from NS bag using sterile technique.			
l. Remove needle from syringe and discard.			
4. Demonstrates flushing the external drainage system			
5. Remove white cap on distal stopcock			
6. Turn stopcock "off" to distal portion of tubing			
7. Attach the 60 ml syringe filled with NS to the Y-site needleless blue port and flush distal stopcock			
8. Replace white cap with an occlusive yellow cap and turn stopcock off to yellow cap			
9. With 60 ml syringe still attached to the Y-site, flush distal tubing			
10. Turn stopcock "off" to Y-site needleless blue port			
11. Turn the system stopcock (closest to the transducer) "off" to the drip chamber			
12. With 60 ml syringe still attached to the Y-site flush the tubing and transducer			
13. Replace non-occlusive white cap (on transducer) with female yellow occlusive cap found in pressure monitoring kit			

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14. Turn transducer stopcock to “open” position (off to transducer) and flush remainder of tubing into the drip chamber			
15. Turn transducer stopcock “off” to hold NS in place			
16. Cover with sterile towels to maintain sterility of external drainage system. ( <i>Discard setup if not used within 2 hours of opening sterile system.</i> )			
17. When the physician has draped the patient place the external drainage system on the sterile drapes for the provider to connect.			
18. States the normal ranges for ICP			
19. States the anatomical mark for ICP leveling			
20. Demonstrates how to level the external drainage system:			
a. Locate temporal notch			
b. Lower the buretrol			
c. Zero the transducer			
d. Identifies a normal ICP wave form			
21. States the rationale for not removing the cap on the transducer.			
22. Calculates a CPP using the formula, MAP-ICP=CPP.			
23. States the normal CPP ranges			
24. Identifies the following on the ICP drainage system:			
a. Pressure level line on buretrol			
b. Tabs to raise and lower the buretrol			
c. Attaching drainage system to IV pole			
d. Drainage bag			
e. Turning manifold stopcock to drain CSF or monitor ICP			
25. Indicates where a CSF specimen is obtained			
26. States rationale for transporting patient with ICP drainage system in the upright position.			
27. Demonstrates how to drain CSF from buretrol to drainage bag.			
28. States the 3 indications for Ventriculostomy placement:			
a. Cerebral edema			
b. Hydrocephalus			
c. Infected ventricular peritoneal shunt (VP)			

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