

Section

# 3

## Conducting the class

The first part of this section shows sample agendas for a class. The remainder of the section gives details and tips about each portion of the class.

### **Sample agendas**

The following page shows a suggested agenda for the IV SMART hands-on class. Although you may use the agenda for any number of participants, the initial description is for a multiple provider class in a large group setting. Outlined is a class of 24 participants and 6 mentors.

## Hands-on IV SMART training for large group

Topic	Minutes
Introduction to IV SMART	15
IV SMART skills: <ul style="list-style-type: none"> <li>• IV insertion and securement (3 stations: 2 learners and 1 mentor per station).</li> <li>• Use of bundling, sucrose, and transillumination with an infant.</li> <li>• Use of LMX/EMLA, distraction, and comfort holds with a toddler and a preschooler.</li> <li>• Intradermal injections in comfort care of the school age child and teen.</li> </ul>	45
TOTAL	60 minutes

## Small group or one-on-one training

You will use the same content as above for small group or one-on-one training. You may consider breaking down the sessions into five 10-minute sessions for use during a usual orientation day or experience. For example:

Session 1: Introduction to IV SMART and partnering and mentoring concepts.

Session 2: IV insertion and securement.

Session 3: Use of bundling, sucrose, and transillumination with an infant.

Session 4: Use of LMX/EMLA, distraction, and comfort holds with a toddler and a preschool child.

Session 5: Intradermal injections and comfort care considerations for the school age child and teen.

## Introduction to IV SMART

### 1

Introduce yourself and have students introduce themselves. You may want to ask about students' previous experience with intravenous insertion. Their prior knowledge may provide a good foundation for the training. On the other hand, it may mean that you need to clear up incorrect assumptions.

Go over the goals and expectations for the class. Ask students to share why they are taking the class and what they hope to learn. You may find that some students are curious about what's new in IV insertion and securement techniques, while others feel that the class is unnecessary. Make sure to acknowledge participants' concerns and reinforce that the goals of the program are to improve the patient, family, and staff experience with IV insertion.

### 2

Give background and history about the IV SMART program and what was done to implement it in your clinical area.

### 3

Describe any changes in policy and procedure, Collaborative Practice Protocols, or access and/or availability of supplies addressed during your steering committee sessions.

### 4

Use the PowerPoint included on the CD as a place to start. Include policy and procedure details that are specific to your organization.

## IV insertion and securement

This section describes the steps the facilitator will go through with the participants in this skill station. Two students per mentor (or a maximum of four students per mentor in a small group) is the ideal group size.

### 1

Gather equipment and supplies for the IV start kit:

- IV catheter of choice. (The smallest gauge catheter to accommodate the prescribed therapy should be used. In general, 22–24 gauge catheters are preferred.)
- Tourniquet or rubber-band (one per individual patient).
- Primed t-connector with saline-filled syringe attached.
- IV infusion pump.
- IV solution (verify fluid with order).
- Comfort box (distraction items).
- For children > 2 months of age: Chlorhexidine gluconate 2% in 70% alcohol swab (Chloraprep).
- For children < 2 months of age: alcohol pads.
- Syringe filled with normal saline (preservative free).
- Size-appropriate arm board.
- Clean gloves.
- Gauze
- Band-Aids, tape.
- Attach a pre-filled syringe to the female end of the t-connector. Prime the t-connector with saline to remove air.

**2**

Identify the patient by checking the ID band. Explain the procedure to the patient and the family using an age- and developmentally-appropriate description.

**3**

Locate a vein suitable for the therapy ordered. Consider the child's developmental, cognitive, and mobility needs. Avoid pre- or post-operative sites; areas that are edematous, injured, or damaged; and areas in the same extremity as a dialysis fistula or a PICC line.

**4**

Wash hands and put on gloves.

**5**

Place tourniquet above venipuncture site, over sleeve or gauze. Use a new tourniquet for every patient. Consider a warm compress to help with vasodilation. Hold the limb in a dependent position below body level.

**6**

Scrub insertion site [from center outward using Chloraprep Frepp (2 months of age or older) or alcohol pad for under 2 months of age, including pre-term infants]. Numb site intradermally (according to the instructions for successful intradermal wheal) if this is the appropriate comfort measure.

**7**

While applying skin tension above or below the insertion site, insert the catheter into the vein:

1. Start  $\frac{1}{4}$  to  $\frac{1}{2}$  inch back from the target point of where the bevel should land.

2. Start at 30-40 degree angle from skin surface.



3. Hold the catheter flat and linear to the vein.
4. Insert needle quickly and decisively (shortens moment of discomfort).
5. After the initial puncture, stop. (Most movement occurs after this, so stopping gives the team time to regroup). With positive blood flashback, advance the catheter sheath off of the needle and into the vein.
6. Thread the catheter forward, then press the button to retract the stylet. (Do not remove and reinsert the stylet.)
7. Remove the tourniquet and attach the t-connector, making sure it is secure. Dispose of sharps in the sharps container.
8. Tape the IV in place or use securement device per policy.

**Tip:** Sit next to the student during training to maintain a relaxed and informal atmosphere. Give directions conversationally.

## Infant: Choosing sites, critical thinking, bundling, sucrose, and transillumination

### 1

Select the IV site from 1–2 possible IV sites on each arm and foot and 4–8 sites on the scalp. The temporal and forehead areas are suitable and do not interfere with side-to-side head movements. If attempting a scalp IV, palpate for a pulse to avoid inadvertent placement into an artery.

### 2

Avoid pre- or post-operative sites, as well as areas that are edematous, injured, or damaged. Also avoid sites in the same extremity as a dialysis fistula or a PICC line.