

PowerFlow Implanted Apheresis Port #DAHS-PFIAP

Name:	Employee ID #:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and pages 1 & 2 have been scanned and emailed to: cppn@health.ucdavis.edu	

PowerFlow Implanted Apheresis Port #DAHS-NSCPFIAP	Date	Verifier Initials
References: 1. UC Davis Health Policy 7509: Hemodialysis/Apheresis Catheters 2. BD PowerFlow Nursing Guide 3. BD PowerFlow Step-by-Step Access Guide		
Review of UC Davis Health Policy 7509: Hemodialysis/Apheresis Catheters		
Review of UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
DEMONSTRATE: Using the following steps, demonstrates one successful PowerFlow access and de-access on a human or simulated patient under the supervision of the vendor educator or UCDH skill verified healthcare provider		
ACCESS:		
Locate and identify the port via palpation by identifying the high and low points of the port		
Prepare access materials, including a primed extension set		
Clean and prepare the access site prior to accessing per UCDH policy		
Stabilize the port with non-dominant, sterile gloved hand and palpate the funnel		
Using a shallow angle (30 degrees) of access, insert the needle into the funnel and slide it to the stop		
Separate needle from the IV catheter hub by pulling the needle slightly away		
Advance the IV catheter completely, continuing to pull the needle slightly away as needed		
Withdraw needle and engage safety mechanism		
Immediately attach the extension set, aspirate for blood return, and flush with normal saline		
Securely dress the site per Clinical Policy 13001: Vascular Access Policy (Adult/Pediatric)		
DE-ACCESS:		
Flush with normal saline to clear line		
Perform locking procedure by withdrawing the IV catheter while flushing continuously with locking solution to reduce potential for blood backflow into the catheter tip (5mL locking solution is recommended)		
After IV catheter removal, apply pressure if bleeding occurs		
Apply dressing per Clinical Policy 13001: Vascular Access Policy (Adult/Pediatric)		

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PRECEPTOR SIGNATURE:

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initials:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	Signature:	Date:
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