

**Ultrasound Guided Peripheral IV Insertion #DAHS-NSCUSGPV121**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>

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 and 2 have been scanned and emailed to: [cppn@health.ucdavis.edu](mailto:cppn@health.ucdavis.edu)

**References:**

1. AIUM Practice Parameter for the Use of Ultrasound to Guide Vascular Access Procedures. J Ultrasound Med. 2019 Mar;38(3): E4-E18. [doi: 10.1002/jum.14954](https://doi.org/10.1002/jum.14954). [PMID: 30758889](https://pubmed.ncbi.nlm.nih.gov/30758889/).
2. Feinsmith, et al. (2018). Outcomes of a Simplified Ultrasound-Guided Intravenous Training Course for Emergency Nurses, Journal of Emergency Nursing, 44(2).
3. Gottlieb, M., Sundaram, T., Holladay, D., & Nakitende, D. (2017). Ultrasound-guided peripheral intravenous line placement: A narrative review of evidence-based best practices. The Western Journal of Emergency Medicine, 18(6), 1047-1054. doi: 10.5811/westjem.2017.7.34610
4. Maiocco, G., & Coole, C. (2012). Use of ultrasound guidance for peripheral intravenous placement in difficult-to-access patients. Journal of Nursing Care Quality, 27(1), 51-55. doi: 10.1097/NCQ.0b013e31822b4537
5. Morata, L., & Bowers, M. (2020). Ultrasound-Guided Peripheral Intravenous Catheter Insertion: The Nurse's Manual. Critical care nurse, 40(5), 38–46. <https://doi.org/10.4037/ccn2020240>
6. UC Davis Health Policy 13001: [Vascular Access Policy \(Adult/Pediatric\)](#)
7. UC Davis Health Policy 13006: [Ultrasound Guided Peripheral IV Placement](#)
8. UC Davis Health Policy 4051: [Use of Topical Anesthetics for Pain Reduction Prior to Needlestick](#) or Standardized Procedure 315: [Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse](#)
9. Van Loon, F. H. J., Buise, M. P., Claassen, J. J. F., Dierick-van Daele, A. T. M., & Bouwman, A. R. A. (2018). Comparison of ultrasound guidance with palpation and direct visualization for peripheral vein cannulation in adult patients: a systematic review and meta-analysis. British Journal of Anaesthesia, 121(2), 358-366. <https://doi.org/10.1016/j.bja.2018.04.047>
10. Vizcarra, C., Cassutt, C., Corbitt, N., Richardson, D., Runde, D., & Stafford, K. (2014). Recommendations for improving safety practices with short peripheral catheters. Journal of Infusion Nursing, 37(2), 121-124. doi: 10.1097/NAN.0000000000000028

<b>Pre-Requisite Learning</b>	<b>Date Completed</b>	<b>Verifier Initials</b>
Review <a href="#">UC Davis Health Policy 13006 Ultrasound Guided Peripheral IV Placement</a>		
Completion of e-module Ultrasound-Guided Peripheral IV Insertion DAHS-NGNUSPIV21		
Attendance of in-person Ultrasound-Guided Peripheral IV insertion class		

- RN must be IV certified for adults
- RN must be IV certified for pediatrics if attempting ultrasound guided IVs on pediatric patients.
- Skill verification in the administration of lidocaine per [Standardized Procedure 315: Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse](#) (if using for local skin anesthetic)
- If being certified as a **superuser**, will need to complete skills checkoff with PICC Services (contact [PICCServices@health.ucdavis.edu](mailto:PICCServices@health.ucdavis.edu) to schedule). If being certified to place USGPVs only, may complete skills check-off with unit/department superuser.

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<b>Perform/Complete</b>	<b>Date Completed</b>	<b>Verifier Initials</b>
Demonstrate three successful ultrasound guided IV placements per <a href="#">Clinical Policy 13006 Ultrasound Guided Peripheral IV Placement</a>		
<b>Demonstration 1</b>		
<b>Demonstration 2</b>		
<b>Demonstration 3</b>		

**VERIFIER SIGNATURE**

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

<b>Initial:</b>	<b>Print Name:</b>	<b>Signature:</b>

**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.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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