

## **Competency: Arterial & Venous Sheath Removal**

Name:\_\_

Title:	Employee Number:l	Jnit:			
2. Maintains patient safety	ent: o be collected prior to initiation o rocess to patient and/or family.	f procedure.			
Self-Assessment:  □Experienced □Need practice □Never done □Not applicable (based on scope of practice)	Method:  □Verbal □Demonstration/observation □Practical exercise □Interactive class	Skill Le Demonst  Beginner Intermed Expert	rated:	□Ann □ Ne	
Pe	rformance Criteria:		Succe Compl		Needs Remediation
at goal for Heparin dosin  2. Offers explanation to pat  3. Administers analgesia or prior to sheath removal.  4. Obtains necessary equipr  5. Provides for privacy.  6.Performs baseline assessr  7. Places patient in a supine  8. Washes hands and dons goals  9. Removes dressing and su  10. Opens supplies.  11. Dons sterile gloves.  12. Removes arterial sheath procedure.	nent and trained personnel.  nent of circulatory status and accer position for femoral site sheath regloves. tures as indicated.  then venous sheath according to sthe following every 5 minutes ompression:	hysician ess site. emoval.			

Date: \_\_\_\_

PCI Bleed Campaign Steering Committee.



14. Assesses for hematoma formation		
<ul> <li>15. Observes for vagal response and directs trained personnel to treat appropriately.</li> <li>Describes intervention and treatment of vagal response if not</li> </ul>		
observed.		
16. Applies sterile dressing over site.		
<ul> <li>17. Continues to assess for hematoma formation. If hematoma develops:</li> <li>Outlines hematoma border with marker.</li> <li>Documents size.</li> </ul>		
<ul> <li>Assesses for stabilization.</li> <li>18. Performs post procedure teaching and documents teaching.</li> </ul>		
19. Documents procedure, complication and patient tolerance on critical care flowsheet.		
20. Follows post-removal assessment routine.		
Healthcare Provider Education	Date	Comments
1. Completes Femoral Sheath Removal Self-Learning Module.		
2. Observes femoral sheath removal routine.		
Evaluator:		
3. Performs three (3) successful sheath removals correctly with		
supervision.		
Evaluator:		
Evaluator:		
Evaluator:		
Healthcare Provider Signature:	Date:	
Evaluator Signature:	Date:	
Employee signature Observer sig	nature	
Additional Comments or Plan for Remediation, if needed:		



References:			
			•
Employee signature	Observer signa	ature	
Additional Comments or Plan for Reme	diation, if needed:		
		_	
References:			