Venepuncture Skills Attainment (\*Student)

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| **First name (full)**  | **Surname** | **Student ID**  |
| **Organisation:** | **Practice area:** |
| **Course Leader:**  |

**ALL SECTIONS MUST BE COMPLETED**

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| 1. **Completed theory package online/workbook. Date / /**
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| 1. **Attended Venepuncture Workshop. Date: / /**
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| 1. **Workshop Practical session**
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| Facilitator name: | Signature: |
| 1. **Undertake 4 observed assessments**
 |
| Assessment 1 | Clinical Assessor name | Signature |
| Assessment 2 | Clinical Assessor name | Signature |
| Assessment 3 | Clinical Assessor name | Signature |
| Assessment 4  | Clinical Assessor name | Signature |
| To be completed  |
| 1. Recognition of prior learning
 | Clinical Assessor name  | Signature  |
| 1. Recognition prior learning (NetP)
 | Clinical Assessor name  | Signature  |

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| 1. **Questions must be answered**
 | **Question asked** | **Answer given** | **✓****X** |
| 1. Blood transfusion
 |  |  |  |
| 1. Blood Cultures
 |  |  |  |
| 1. Adverse events management
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| Assessment process  | 1 | 2 | 3 | 4 | 5 | 6 |
| Appropriate communication with the patient throughout the whole procedure |  |  |  |  |  |  |
| Correct patient identification process used  |  |  |  |  |  |  |
| Practices in a culturally safe manner  |  |  |  |  |  |  |
| Safe technique throughout the whole procedure including infection prevention measures |  |  |  |  |  |  |
| Check blood sample request form and selects correct sample bottles  |  |  |  |  |  |  |
| fills in correct order and labels at the bedside at the right time |  |  |  |  |  |  |
| Familiarity with the equipment to be used |  |  |  |  |  |  |
| Demonstrated aseptic technique throughout the whole procedure |  |  |  |  |  |  |
| Correct positioning of the patient and preparation of the environment  |  |  |  |  |  |  |
| Select the most appropriate vein site and equipment for the venepuncture procedure |  |  |  |  |  |  |
| Complete the venepuncture procedure correctly and safely (as per organisational policy) |  |  |  |  |  |  |
| Disposes of sharps and equipment correctly and safely |  |  |  |  |  |  |
| Completes documentation in line with local organisational policy |  |  |  |  |  |  |

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| Feedback/plan of action Signed  |

* \*Supervised practice is required whenever you perform venepuncture as a student nurse
* Following completion of assessments 1-4 upload into e-portfolio as evidence
* Retain the original attainment form as recognition of prior learning

CDHB/WCDHB staff: Once completed assessment 5-6 please return a copy of this form to Manawa Simulation Centre, Level 2 Manawa 276 Antigua Street, Christchurch.