

IACCS Assessment Document

Phase 2a Sheffield Medical School

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IACSS Assessment; 48 minutes

1. Handwashing

2. Measuring vital signs

3. Venepuncture and managing blood samples

4. Intravenous cannulation

5. Preparing a drug for parenteral administration

6. Setting up an infusion

BEFORE ANY PROCEDURE- CHECK NAME, DOB, WRISTBAND AND PATIENT NOTES. THEN ALWAYS HAND GEL.

GET CONSENT AT THE START OF EVERY PROCEDURE;

W -wash hands

I -introduce yourself

P -permission

E -expose patient appropriately

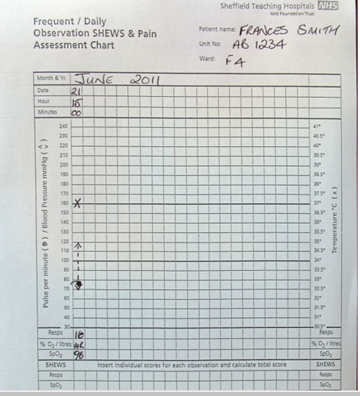
R -reposition patient as you need

Top tips;

* Watch the videos and look at the mark schemes on Minerva!
* Practice asking your friends the questions at the start
* Practice writing a list of what you need to gather for each procedure
* Go to SFH when there are practice sessions to brush up on your skills
* Be aware of timings as they are strict on this on the day
* Wear appropriate clinical dress and be bare below the elbows on the day

1. **Handwashing;**
2. Bare below elbows
3. Wet hands/forearms
4. Apply soap
5. 7 steps;
   * Palm to palm
   * Palm to palm with fingers interlaced
   * Palm of hand to back of opposite hand, with fingers interlaced
   * Back of fingers to opposing palms with fingers interlaced
   * Rotational rubbing of the tips of fingers and thumb
   * Rotational rubbing of thumb clasped in opposite palm
   * Washes wrists
6. Rinse tips to elbows
7. Turn off tap with elbows
8. Dry hands thoroughly
9. **Measuring vital signs** and record on a standard observation chart

Observation chart will look like this- be familiar with how it looks and how you are supposed to fill in each corresponding part; (Fill it in as you go along so you do not forget the numbers!)



BEFORE YOU START- ASK;

* Ask the patient that within the last 30 minutes if they have eaten a large meal or had a hot or cold drink, had a hot bath, smoked a cigarette or undertaken vigorous exercise or exerted themselves.
* Enquire if they are taking any blood pressure lowering medications.
* Ask the patient if they are wearing a hearing aid or if they have any ear infections.
* Enquire about presence of an arterio-venous fistula in the arm, any operations on arms, axillae or breasts, any pain, swelling or weakness in the arm.

Tympanic temperature- *will need to thermometer and box of thermometer covers*

1. (check for no ear infections/problems/hearing aids)
2. ‘this will just involve a small thermometer in your ear for several seconds- it will not be uncomfortable’
3. put disposable cover on, insert at correct angle, wait for ‘beep’, take reading

Pulse rate- *will need watch*

1. take from the radial artery using your middle and ring finger
2. do in 15 seconds and times by 4

Respiratory Rate- *will need watch*

1. take after doing the pulse rate without telling the patient as this may affect their resp rate
2. do in 15 seconds and times by 4

Manual blood pressure- *will need sphygmomanometer and stethoscope*

1. double check no contraindications and no tight sleeves and jewellery
2. ‘this will just involve me tightening a cuff on your arm twice, deflating it each time. It won’t hurt but may be a bit uncomfortable’
3. place cuff on patient, inflate cuff and estimate pressure with radial pulse then deflate
4. place stethoscope over brachial artery and reinflate cuff 20 mmHg/s over estimate from radial artery
5. slowly deflate the cuff until you hear first beat- systolic then last beat- diastolic

O2 saturation- *will need O2 sats machine*

1. (‘I need to measure the amount of O2 in your blood by attaching probe onto end of finger- this is painless and will produce a reading within a few seconds’)
2. Double check for nail varnish/fake nails
3. Put peg over finger until reading on the machine
4. **Venepuncture and managing blood samples**

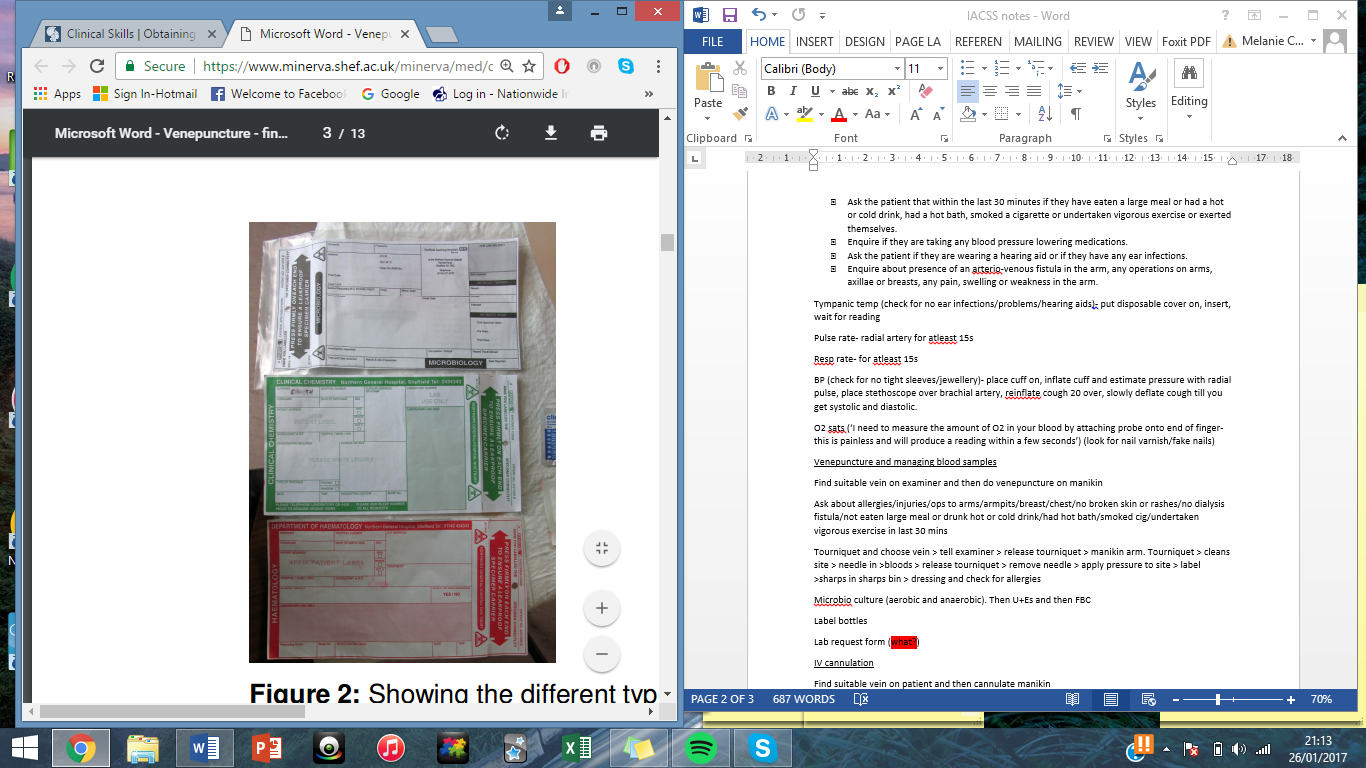
*You will need;*

* Apron
* Gloves
* Tourniquet
* Wipes x3
* Butterfly needle
* Barrel
* Purple and yellow vacutainers
* Aerobic and anaerobic microbiology bottles
* Cotton wool
* Tape
* (Make sure there is a sharps bin nearby before you start)

BEFORE YOU START- ASK;

* Ask the patient that within the last 30 minutes if they have eaten a large meal or had a hot or cold drink, had a hot bath, smoked a cigarette or undertaken vigorous exercise or exerted themselves.
* Enquire about presence of an arterio-venous fistula in the arm, any operations on arms, axillae or breasts, any pain, swelling or weakness in the arm.
* Ask about allergies, broken skin or rashes.
* Inform patient ‘I’ve been asked to take a small blood sample from you today, all that will involve is one small needle to the inside of your elbow and will feel like a sharp scratch’. Warn the patient about potential complications (pain/bleeding/swelling/haematoma/infection)

1. (Already washed hands from previous section. Put on apron and gloves)
2. Put pillow under the patients arm if there is one.
3. Tourniquet examiners arm and inspect and then palpate correct vein **on examiner.** Release tourniquet.
4. **Move to manikin**. Tourniquet arm
5. Clean site and allow to dry for 30 seconds.
6. Put in needle (with barrel attached to it) and collect blood. You can check you are in the vein by getting flashback.
   1. Microbiological- aerobic first then anaerobic. Must wipe tops of bottles before using.
   2. U+Es (yellow tube) then FBC (purple). Make sure you invert these once you have blood inside them,
7. REMOVE THE TOURNIQUET BEFORE YOU REMOVE THE NEEDLE.
8. Apply pressure to the site with cotton wool. Then ask patient to hold it.
9. Put sharps in the sharps bin
10. Label the bloods
11. Put tape across cotton wool
12. Fill out lab request form;



1. **Intravenous cannulation**

You will need;

* Tourniquet
* 1 wipe
* Cannula
* Bung
* Gauze
* Dressing sticker
* Syringe and saline
* (Make sure there is a sharps bin ready before you start)

BEFORE YOU START- ASK;

* Ask the patient that within the last 30 minutes if they have eaten a large meal or had a hot or cold drink, had a hot bath, smoked a cigarette or undertaken vigorous exercise or exerted themselves.
* Enquire about presence of an arterio-venous fistula in the arm, any operations on arms, axillae or breasts, any pain, swelling or weakness in the arm.
* Ask about allergies, broken skin or rashes.
* Inform patient ‘I’ve been asked to put a cannula in your hand today, all that will involve is one small needle to the back of your hand, this will then allow us to put a small plastic tube into your hand so we can give you the drugs and fluids we need to. It will be a sharp scratch when we put the needle in but besides that no pain’. Warn the patient about potential complications (pain/bleeding/swelling/haematoma/infection)

1. (You should be wearing gloves and apron from venepuncture)
2. Use a pillow if one available to prop the hand and arm
3. On examiner- tourniquet the arm and then inspect and find a suitable vein on the back of the hand. Release the tourniquet.
4. Move to manikin. Clean the site and allow to dry for the next 30 seconds.
5. Insert needle ‘sharp scratch’ and advance until there is flashback.
6. Slightly withdraw needle and advance cannula.
7. Release tourniquet.
8. Remove needle from the cannula and put into sharps bin. Use gauze to mop up any blood.
9. Put bung into cannula.
10. Secure cannula with dressing.
11. Flush cannula with saline.
12. Label cannula with time and date and signature.

**5. Preparing a drug for parenteral administration**

You will need;

* Drug chart
* 2 wipes
* 1 needle
* 3 syringes
* 3 saline bottles
* 1 drug (placebo)
* (Make sure there is a sharps bin ready before you start)

BEFORE YOU START- ASK; *the patient should already have the cannula in from previous task*

* Check there has been no problems with the cannula since it has been in e.g. infection or swelling
* Ask about **allergies**, broken skin or rashes.
* Inform patient ‘I’ve been asked to put some drugs through your cannula today to hopefully make you feel a bit better. Firstly, I will flush the cannula with some saline to make sure it is working, I will then put the drugs through before flushing it with some more saline to make sure it has all gone through. It will not hurt but you may feel a bit of cold going up your arm. Stop me at any time if you are in pain or discomfort.’

1. Check dose/times/date/route of admin etc on the drug chart
2. Check expiry date of drug
3. To prepare the drug;
   1. Remove cap from vial and clean with a wipe
   2. Attach needle to syringe and draw up 1 saline
   3. Inject saline into vial
   4. Release plunger of the syringe to allow it to fill with air from the vial
   5. Shake the vial to mix the drug and the saline. Do not stop until it is all mixed!
   6. Inject air back into vial
   7. By holding the syringe correctly with end in the liquid, release the plunger to allow the syringe to fill with the mixed drug fluid
   8. Take syringe out of vial and remove needle into sharps bin
   9. Ensure there are no air bubbles
4. Prepare 2 flush syringes using 2 saline bottles and 2 syringes. Fill them with saline then leave.
5. Clean the bung of the cannula already in the patient
6. Check the cannula is patent by doing first saline flush
7. Rechecks patient’s name, date of birth and hospital number. Administer placebo drug into cannula
8. Flush the cannula with second saline flush to ensure all the drug has gone into patient.
9. Fill in the drugs chart (In exam just say you would do this).
10. Tell patient ‘let myself or one of my colleagues know if you have any reaction to the drug for example; SOB/wheeze/itching/skin flush/tongue or lips or throat swelling’
11. **Setting up an infusion**

*You will need;*

* Prescribed fluid chart
* IV drip stand
* IV Infusion set
* Saline bag
* 1 syringe
* 1 saline bottle
* 1 wipe

BEFORE YOU START- ASK; *the patient should already have the cannula in from previous task*

* Check there has been no problems with the cannula since it has been in e.g. infection or swelling
* Ask about **allergies**, broken skin or rashes.
* Inform patient ‘I’ve been asked to set up a drip for you today to put some saline fluid through your cannula today to hopefully make you feel a bit better and make sure you stay hydrated. Firstly, I will flush the cannula with some saline to make sure it is working, I will then set the drip up which will stay attached to your hand. It will not hurt but you may feel a bit of cold going up your arm. Stop me at any time if you are in pain or discomfort.’

1. Check dose/times/date/route of admin etc on the drug chart
2. Check expiry date of drug and that there has been no damage to the bag etc
3. Remove seal from infusion bag entry port aseptically
4. Open IV infusion set and make sure clamp is closed. Use to spike to pierce and insert into saline bag.
5. Hang the saline bag
6. half fill drip chamber with fluid
7. Open roller clamp and expel bubbles into kidney dish. Close roller clamp.
8. clean cannula bung and check cannula patency by flushing with saline
9. connect the cannula to the IV drip
10. Ensure there is the correct dripping rate;
    1. Set up infusion of 0.9% NACl via cannula at rate of 500ml/hour
11. Fill in the fluid chart (In exam just say you would do this).
12. Thank patient and tell patient ‘Are you ok? let myself or one of my colleagues know if you have any problems’