

MANAGE AN INTRAVENOUS INFUSION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: III
REFERENCE: STP 21-1-SMCT, Task: 081-833-0034, Manage an Intravenous Infusion

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.
PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

SCENARIO:

You are working in a patient hold area in a battalion aid station. You have a patient with an established intravenous (IV) in place. You must manage the IV infusion.

GRADING SHEET

TASK

COMPLETED

3. Performance Measures	1ST		2ND		3RD	
	P	F	P	F	P	F
a. Assessed for signs and symptoms of IV therapy complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performed interventions for IV therapy complications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Documented the IV therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced the solution container (only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Changed the dressing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Replaced the solution container and tubing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discontinued the infusion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

5. Start Time

6. Stop Time

7. First Evaluator

8. Start Time

9. Stop Time

10. Retest Evaluator

11. Start Time

12. Stop Time

13. Final Evaluator

14. Evaluator's Comments

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