



Competencies:

an education and training
competency framework for
peripheral venous cannulation
in children and young people

Acknowledgements

We would like to thank the NHS Modernisation Agency for sponsoring the development of this framework. We are grateful to the following people for their assistance:

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We are also indebted to the following hospitals whose training programmes and other materials were helpful in developing this document:

Central Manchester and Manchester Children's University Hospital NHS Trust

Bolton Hospitals NHS Trust

Great Ormond Street Hospital for Children NHS Trust

Hull and East Yorkshire Hospitals NHS Trust

Nottingham City Hospital NHS Trust

Oxford Radcliffe Hospitals NHS Trust

University Hospital of Leicester NHS Trust

Royal Free Hospital NHS Trust

Royal Liverpool Children's Hospital NHS Trust.

University College London Hospital NHS Trust

University Hospital of Wales, Cardiff and Vale NHS Trust

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Approved until December 2008

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Introduction

Competence can be defined as: “The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (Roach, 1992).

This education and training competency framework for peripheral venous cannulation in children and young people is an important step forward. It addresses a number of political and professional issues, and initiatives including:

- ◆ Agenda for Change (DH, 1999)
- ◆ need for leadership in specialist nursing
- ◆ need for the development of standards
- ◆ NHS Plan (DH, 2000) and its equivalent in Scotland, Wales and Northern Ireland
- ◆ increased focus on work-based and lifelong learning plus supervision
- ◆ changing focus towards professional rather than academic accreditation.

To facilitate holistic and timely treatment for patients, nurses increasingly need to develop their competence in inserting peripheral intravenous cannulae. For nurses working with children and young people this is usually regarded as an expanded role. Before starting a programme of education and training, in most cases practitioners will need to demonstrate competence and experience in venepuncture and administering medicines intravenously to children and young people.

The framework identifies the competencies, learning outcomes and the indicative content necessary for education and training programmes to meet the needs of children and young people. It aims to support consistent curriculum and practice development so that practitioners can develop and, maintain the ability to carry out this task, regardless of where they work.

It should also be used to develop new programmes, and to review and revise existing ones. By using this framework, other professionals and employers can be confident in the standard and proficiency of practitioners.

Developing competence within age bands

There are considerable differences between children of varying ages, and we recommend that practitioners develop competence within specific age bands according to their area of practice:

- ◆ 0 to 1 year
- ◆ 1 to 5 years
- ◆ 5 years and above.

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Guidance for programme development

When either planning new courses or reviewing existing courses, we recommend that hospitals and universities use this as their competency framework.

Education pathways

This framework can be used to develop hospital-based training programmes for nurses working with children and young people. Alternatively, it can be used to review existing programmes to ensure that they meet the needs of children and young people. Training may be linked to other competencies such as those required for capillary blood sampling and venepuncture.

Teaching and learning strategies

Peripheral venous cannulation in children and young people is a practical skill, underpinned by theoretical knowledge. Teaching and learning strategies should focus on developing the competence and confidence of the practitioner in performing the procedure safely, and with minimum distress to the child or young person. Assessment of prior knowledge, particularly in performing venepuncture, can be useful in developing programmes that reflect the individual needs of the practitioner.

A variety of new ways of learning can be used for these programmes:

- ◆ workbooks
- ◆ problem-based learning
- ◆ taught provision
- ◆ scenarios
- ◆ supervised practice
- ◆ e-learning
- ◆ simulation.

Assessment

As a minimum each programme needs to assess competence in practice. Practice assessments should reflect the competences and learning outcomes. There are various assessment methods that are appropriate:

- ◆ observation under supervision and demonstration
- ◆ reflective practice
- ◆ portfolio of evidence showing skills, experience and development
- ◆ formal examination.

Each of these relies on the use of practice assessors. Programme developers should consider who this may be and the criteria needed to become and maintain this status.

We recommend that an assessor should be experienced in performing peripheral venous cannulation in children and young people. Their ability to assess others should be determined by a formal assessment process. We also advise that they receive clear guidance on their role and responsibilities.

Regular updating and assessment of skills can assist in ensuring ongoing competence. We suggest that this takes place annually.

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Competencies, learning outcomes and indicative content

Domain 1: professional and legal issues

Competencies

- ◆ performs peripheral venous cannulation in accordance with legal, professional and policy requirements
- ◆ uses appropriate evidence to underpin best practice in peripheral venous cannulation in children and young people
- ◆ records and reports information in a manner that is clear, concise, timely and accurate
- ◆ reflects on own practice and takes action to develop and improve knowledge and skills
- ◆ describes situations where it is inappropriate to insert a peripheral venous cannula and the alternative action to take
- ◆ demonstrates best practice when gaining informed consent from children and young people
- ◆ demonstrates awareness of the limits of own skill/competence/knowledge.

Learning outcomes

At the end of a course of study and period of supervised practice the nurse will be able to:

- ◆ discuss the legal and professional issues associated with performing peripheral venous cannulation
- ◆ outline current evidence to support best practice in peripheral venous cannulation
- ◆ describe the process for obtaining informed consent from the child/young person and family
- ◆ give an account of professional and local policies relevant to performing venous cannulation in children and young people
- ◆ describe the legal requirements for good record-keeping in relation to peripheral venous cannulation
- ◆ reflect on own practice, identifying accountability and competency issues.

Indicative content

- ◆ *Code of professional conduct* (NMC, 2004)
- ◆ legal, professional and local policies regarding enhanced nursing roles
- ◆ accountability when performing peripheral venous cannulation
- ◆ local policies and procedures for peripheral venous cannulation in children and young people
- ◆ evidence base for good practice in peripheral venous cannulation
- ◆ policies and good practice guidance in obtaining informed consent
- ◆ policies and good practice guidance for holding and restraining children
- ◆ *Winning ways: working together to reduce health care associated infection in England* (DH, 2003b).

Domain 2: preparing self/child/family

Competencies

- ◆ describes the anatomy and physiology of veins, arteries and nerves, applicable to peripheral venous cannulation
- ◆ identifies the preparatory processes necessary for safe, effective peripheral venous cannulation
- ◆ performs appropriate procedures for correctly identifying the patient
- ◆ uses appropriate methods to select and prepare suitable sites for peripheral venous cannulation
- ◆ assesses the child's physical, developmental and psychological needs before, during and after cannulation and uses these to prepare a care plan
- ◆ selects devices and equipment appropriate for peripheral venous cannulation and gives rationale for choice
- ◆ communicates effectively with the child and family to

help reduce anxiety before, during and after peripheral venous cannulation

- ◆ uses appropriate strategies for minimising pain associated with peripheral venous cannulation
- ◆ demonstrates knowledge of pharmacological and non-pharmacological pain relief
- ◆ applies local anaesthetic cream in a way that maximises its effect.
- ◆ identifies when other health professionals should be involved in preparation or assisting with the procedure.

Learning outcomes

At the end of a period of study and supervised practice the nurse will be able to:

- ◆ give an account of the anatomy and physiology of veins, arteries, nerves and describe the relevance for peripheral venous cannulation
- ◆ explain the theory of cannulation in children and young people
- ◆ demonstrate good practice when preparing self, child and family for insertion of a peripheral venous cannula
- ◆ describe the methods used to identify appropriate and inappropriate sites for peripheral venous cannulation
- ◆ assess the physical, developmental and psychological needs before, during and after cannulation and relate these to the care plan
- ◆ identify the various devices and equipment used for peripheral venous cannulation and make appropriate choices for differing circumstances
- ◆ explain the interventions that can help to minimise a child or young person's pain and anxiety regarding cannulation
- ◆ apply local anaesthetic correctly and in accordance with policies
- ◆ describe situations in which other health professionals should be involved in preparation or assisting with the procedure
- ◆ give an account of the use of patient group directives.

Indicative content

- ◆ anatomy and physiology of veins, arteries and nerves
- ◆ characteristics of veins suitable for cannulation
- ◆ theory of cannulation
- ◆ vein selection/preferred hand
- ◆ cleaning the skin

- ◆ care planning
- ◆ *Right patient – right care* (NPSA, 2004a)
- ◆ creating a safe, comfortable, calm and child-focused environment
- ◆ importance of the practitioner's attitude (empathetic rather than directive)
- ◆ role of the play specialist and psychologist
- ◆ play and distraction techniques
- ◆ patient group directives
- ◆ local anaesthetic preparations - use and contra-indications
- ◆ sedation and Entonox
- ◆ preparing devices and equipment
- ◆ types and size of cannula and their use
- ◆ allergies to equipment components/dressings.

Domain 3: inserting the cannula

Competencies

- ◆ demonstrates the safe application of the principles of “restraining, holding still and containing children” (RCN, 2003b)
- ◆ applies pressure or a tourniquet appropriately and safely
- ◆ uses the correct sequence of actions when performing peripheral venous cannulation
- ◆ demonstrates the correct procedures for minimising infection including hand washing, use of gloves, apron and aseptic technique
- ◆ demonstrates practical ability and dexterity when inserting a peripheral venous cannula
- ◆ identifies reasons why cannulation may be unsuccessful and describes actions to address this
- ◆ uses an appropriate technique and dressing to secure the cannula
- ◆ communicates with the child and family during the procedure in a manner that minimises anxiety and encourages compliance
- ◆ recognises when cannulation has failed and takes appropriate action
- ◆ records information concerning the procedure in accordance with Department of Health requirements.

Learning outcomes

At the end of a period of study and supervised practice the nurse will be able to:

- ◆ perform checking procedures that maximise patient safety
- ◆ demonstrate good practice in immobilising the limb and stabilising the vein during and after the procedure
- ◆ discuss infection control and health and safety policies and procedures applicable to peripheral venous cannulation
- ◆ perform peripheral venous cannulation on children and young people within a specified age band
- ◆ identify strategies to minimise anxiety and pain when performing peripheral venous cannulation
- ◆ describe Department of Health requirements for record-keeping
- ◆ describe techniques for encouraging and rewarding the child undergoing peripheral venous cannulation.

Indicative content

- ◆ safe use of sharps
- ◆ use of tourniquets/pressure
- ◆ bleeding back
- ◆ flushing and assessing patency/correct position of cannula
- ◆ *Restraining, holding still and containing children and young people: guidance for nursing staff* (RCN, 2003b)
- ◆ dressings, bandages and splints
- ◆ observing the insertion site
- ◆ number of attempts
- ◆ record-keeping requirements – vein, site, date, device gauge and lot number
- ◆ encouraging and rewarding children.

Domain 4: cannula care and removal

Competencies

- ◆ prepares a suitable care plan for the ongoing management of a child or young person with a peripheral venous cannula in place
- ◆ describes and gives a rationale for observations made and recorded when a peripheral venous cannula is in place

- ◆ identifies the circumstances when a peripheral venous cannula should be re-sited or removed
- ◆ removes and disposes of intravenous peripheral cannula safely
- ◆ acts to minimise pain, bruising and distress when removing a peripheral venous cannula
- ◆ complies with policies when making records of cannula removal.

Learning outcomes

At the end of a period of study and supervised practice the nurse will be able to:

- ◆ explain the ongoing care required when a peripheral venous cannula is in place
- ◆ communicate a care plan to other team members
- ◆ describe the reasons for removing or re-siting a peripheral venous cannula
- ◆ assess the need for re-siting a cannula
- ◆ remove a peripheral venous cannula safely, causing minimal distress to the child or young person
- ◆ give account of the information to be recorded when a peripheral venous cannula is removed.

Indicative content

- ◆ care planning and evaluation when a peripheral cannula is in place
- ◆ dressings – types and use
- ◆ length or time for a peripheral venous cannula to remain in place
- ◆ indicators for cannula removal/re-siting
- ◆ safe removal techniques and policies
- ◆ bruising, its cause and prevention
- ◆ record-keeping after removal.

Domain 5: risks and hazards

Competencies

- ◆ describes the risks and complications associated with peripheral venous cannulation and acts to prevent or minimise the effects
- ◆ explains the actions to take in the event of an error or adverse incident associated with peripheral venous cannulation

- ◆ follows appropriate policies and procedures when disposing of equipment and hazardous substances
- ◆ takes action to maximise the safety of self, child and others when performing peripheral venous cannulation.

Learning outcomes

At the end of a period of study and supervised practice the nurse will be able to:

- ◆ outline the risks and complications associated with peripheral venous cannulation, their prevention and treatment
- ◆ describe the procedures for reporting errors and adverse incidents
- ◆ give an account of relevant health and safety and infection control policies
- ◆ identify factors that influence the safety of the child, family and self during peripheral venous cannulation.

Indicative content

- ◆ safe practice in handling and disposing of sharps
- ◆ role of the National Patient Safety Agency and Medicines and Healthcare Products Regulatory Agency
- ◆ *Right patient – right care* (NPSA, 2004a)
- ◆ phlebitis, thrombophlebitis, infiltration, extravasation and nerve injury
- ◆ occlusion
- ◆ emergency cannula issues
- ◆ pressure ulcers
- ◆ removal and disposal
- ◆ *Health and Safety at Work etc Act 1974* and other regulations (HSE)
- ◆ *Winning ways: working together to reduce health care associated infection in England* (DH, 2003b)
- ◆ medico-legal cases resulting from peripheral venous cannulation.

3

References and further reading

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Online resources

- ◆ Action for Sick Children
www.actionforsickchildren.org
- ◆ Department for Education & Skills
www.dfes.gov.uk
- ◆ Department of Health (England)
www.dh.gov.uk
- ◆ Evidence-based Practice in Infection Control
www.epic.tvu.ac.uk
- ◆ Health and Safety Executive
www.hse.gov.uk
- ◆ Infection Control Nurses Association
www.icna.co.uk
- ◆ National Association of Hospital Play Staff
www.nahps.org.uk
- ◆ National Patient Safety Agency
www.npsa.nhs.uk
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www.nmc-uk.org
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www.rcn.org.uk
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www.rcpch.ac.uk
- ◆ Skills for Health
www.skillsforhealth.org.uk



Royal College
of Nursing

November 2005

Published by the Royal College of Nursing
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