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| <b>Name of Policy:</b> <u>Venipuncture for Contrast Administration</u><br><b>Policy Number:</b> 3364-135-129<br><b>Department:</b> Radiology<br><b>Approving Officer:</b> Chief Operating Officer - UTMC<br><b>Responsible Agent:</b> Chairman & Professor, Radiology<br><b>Scope:</b> Radiology | <br><br><b>Effective Date:</b> 4/1/2020<br>Initial Effective Date: 6/8/1979 |
| <input type="checkbox"/> New policy proposal<br><input type="checkbox"/> Major revision of existing policy   | <input type="checkbox"/> Minor/technical revision of existing policy<br><input checked="" type="checkbox"/> Reaffirmation of existing policy                  |

**(A) Policy Statement**

Under certain circumstances, non-physician Radiology personnel may administer contrast media parenterally for diagnostic procedures. Only registered technologists and registered nurses with the desire and aptitude for this will be considered for training. Each person must receive training and annual competency on venipuncture. A copy of this authorization will be kept in the employee’s file and reviewed annually.

**(B) Purpose of Policy**

To expedite the initiation of diagnostic procedures, and better utilize physician and allied health personnel time.

**(C) Procedure**

1. Interested personnel shall get approval from their supervisor before proceeding with training.
2. A radiologist or his/her designee (such as an RN or Sr. Technologist) will instruct personnel on the venipuncture procedure as well as common contrast media complications.
3. To obtain certification, personnel will be observed by the radiologist or his/her designee during three venipunctures, or until the radiologist or his/her designee feels comfortable that the personnel have adequate knowledge and skill.
4. To maintain certification, the individual must perform one successful venipuncture per year. This annual skill check must be observed and documented by a radiologist or his/her designee.
5. Personnel will review hospital policy 3364-100-70-02 Adverse Drug Reaction Reporting. They will be responsible for adhering to policy requirements for reporting.
6. Under no circumstances will Radiology personnel attempt venipunctures for contrast administration without physician awareness.
7. If a successful venipuncture has not been accomplished within two attempts, “assistance” will be requested.
8. Before beginning a venipuncture, Radiology personnel will make sure that emergency life support equipment is immediately available, including drugs, oxygen and suction.
9. Before beginning the venipuncture procedure, Radiology personnel will determine the possibility of contrast agent sensitivity through patient interview, review of the patient’s chart, and adhere to contrast policy guidelines as applicable.

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| <p><b>Approved by:</b></p> <p><u>/s/</u> <u>04/04/2023</u><br/>Haitham Elsamaloty, MD<br/>Chairman &amp; Professor, Radiology<br/>Date</p> <p><u>/s/</u> <u>04/11/2023</u><br/>Christine Stesney-Ridenour, FACHE<br/>Chief Operating Officer- UTMC<br/>Date</p> <p><i>Review/Revision Completed By:</i><br/><i>Haitham Elsamaloty, MD</i></p> | <p><b>Review/Revision Date:</b><br/>11/01/84      4/1/2023<br/>7/01/93<br/>10/01/96<br/>8/17/99<br/>9/23/02<br/>9/21/05<br/>3/28/07<br/>5/20/11<br/>4/23/2014<br/>4/30/2017<br/>4/1/2020</p> <hr/> <p><b>Next Review Date:</b> 4/1/2026</p> |
| <p><b>Policies Superseded by This Policy:</b> V-003</p>   |   |

**UTMC - Department of Radiology**

Skills Checklist for Venipuncture

Tech: \_\_\_\_\_  
 Technique

**(Annual Competency)**

**Year:** \_\_\_\_\_

Each activity must be performed and passed successfully. One successful performance is required per quarter to remain competent in Venipuncture and contrast administration.

|   | <b>1st QTR</b><br>Jan-March | <b>2nd QTR</b><br>April-June | <b>3rd QTR</b><br>July-Sept | <b>4th QTR</b><br>Oct-Dec |
|---|-----------------------------|------------------------------|-----------------------------|---------------------------|
| <b>PATIENT PROFILE &amp; CONTRAST MEDIA</b>                                 |                             |                              |                             |                           |
| 1 CHECKS PATIENT'S NAME (2 METHODS)   |                             |                              |                             |                           |
| 2 CHECKS REQUEST FOR APPROPRIATE ORDER                                      |                             |                              |                             |                           |
| 3 CHECKS FOR LAB WORK RESULTS   |                             |                              |                             |                           |
| 4 CHECKS FOR ALLERGIES/PREVIOUS CONTRAST MEDIA REACTION                     |                             |                              |                             |                           |
| 5 CHECKS FOR POSSIBILITY OF PREGNANCY                                       |                             |                              |                             |                           |
| 6 ENSURES APPROPRIATE CONTRAST MEDIA AND DOSAGE                             |                             |                              |                             |                           |
| <b>VENIPUNCTURE TECHNIQUE</b>   |                             |                              |                             |                           |
| 1 ASSESS APPROPRIATE NEEDLE SITE  |                             |                              |                             |                           |
| 2 SELECT APPROPRIATE NEEDLE TYPE  |                             |                              |                             |                           |
| 3 CLEANSE SITE WITH ANTISEPTIC  |                             |                              |                             |                           |
| 4 ASEPTIC VENIPUNCTURE PERFORMED  |                             |                              |                             |                           |
| 5 APPLIES TAPE TO NEEDLE TO ENSURE STABILITY DURING INJECTION               |                             |                              |                             |                           |
| 6 REMOVES NEEDLE AND APPLIES PRESSURE DRESSING                              |                             |                              |                             |                           |
| <b>ASSESSING FOR POSSIBLE INFILTRATION</b>                                  |                             |                              |                             |                           |
| 1 CHECKS FOR BLOOD RETURN, IRRITATION, EDEMA, DRIP RATE AND NEEDLE POSITION |                             |                              |                             |                           |
| <b>CHARTING</b>   |                             |                              |                             |                           |
| 1a RECORDS IN THE RIS BUN/CREAT/GFR AS APPLICABLE/OUTSIDE LABS              |                             |                              |                             |                           |
| 1b RECORDS IN THE RIS CONTRAST TYPE AND DOSAGE                              |                             |                              |                             |                           |
| 1c RECORDS IN THE RIS LMP AS APPLICABLE                                     |                             |                              |                             |                           |

1<sup>ST</sup> QTR Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>ND</sup> QTR Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>RD</sup> QTR Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>TH</sup> QTR Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The above technologist has satisfactorily demonstrated competence in the skills necessary to perform venipuncture and administer contrast media in the Department of Radiology at the University of Toledo Medical Center.

## THE UNIVERSITY OF TOLEDO MEDICAL CENTER – RADIOLOGY DEPARTEMT VENIPUNCTURE INITIAL TRAINING SKILLS CHECK-LIST

**Contrast Injection Policy:** Contrast media may be injected in the Radiology Departments by Registered Radiologic Technologists after evidence of proper training/experience. Each approved technologist is authorized to inject IV contrast by verbal order of the physician, providing a physician is present in the department at the time of injection.

**Skills Check-List:** The following skills checklist shall be successfully completed by each technologist prior to authorization to inject. Physician or RN observation/approval is required for the final authorization for new technologists and for those technologists with prior training in venipuncture.

**Approval Procedure:** Complete this form as each step of the venipuncture training progresses. It is the responsibility of the technologist being trained to request observation approval from Radiologist or RN before independently performing venipuncture.

- 1) Prior venipuncture experience **NO** \_\_\_ **YES** \_\_\_ **Where** \_\_\_\_\_  
**How Long?** \_\_\_\_\_ (If yes, skip to step 5 for demonstration of skill to be supervised or approved by physician or RN)
- 2) Read venipuncture handout +/- or watch video
- 3) Explanation/demonstration by Physician or RN

**Date** \_\_\_\_\_ **DR/RN** \_\_\_\_\_

- 4) Observed by trained & authorized technologist two times with Physician or RN approval on the third time. (For RTs with prior experience, only final authorization is needed)

***Date and Initial***

|  |                               |                               |                               |
|--|-------------------------------|-------------------------------|-------------------------------|
| <b>a) Assembles Proper Equipment</b>       | _____                         | _____                         | _____                         |
| <b>b) Identifies Proper Site</b>           | _____                         | _____                         | _____                         |
| <b>c) Properly Prepares Site</b>           | _____                         | _____                         | _____                         |
| <b>d) Properly Performs Venipuncture</b>   | _____                         | _____                         | _____                         |
| <b>e) Date</b>                             | _____                         | _____                         | _____                         |
| <b>f) Trained Technologist Observation</b> | _____                         | _____                         | _____                         |
| <b>g) Physician/RN Observation</b>         | _____                         | _____                         | _____                         |
|  | <b>1<sup>st</sup> patient</b> | <b>2<sup>nd</sup> patient</b> | <b>3<sup>rd</sup> patient</b> |

- 5) I have read and understand the policy/procedure concerning the injection of contrast media, have been trained or previously experienced in venipuncture and feel adequate to perform in this area during the required imaging exams

**Technologist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**6) PHYSICIAN/RN APPROVAL**

I approve this technologist for authorization to independently perform venipuncture by I.V. injection during the required imaging exams

**Physician/RN Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- 7) Above technologist has been approved for venipuncture and will be added to the Authorization to Inject List for the Radiology Departments

**Manager/Lead Tech Signature** \_\_\_\_\_ **Date** \_\_\_\_\_