

Assessment of Competence for Registered and Non-Registered Healthcare Practitioners (HCPs)
Clinical Skill/ Equipment Skill: Peripheral Cannula Removal

Name:

Ward/Dept:

Aim:	To safely remove a peripheral cannula according to national best practice evidence guidelines and Trust policy
Objectives:	The healthcare practitioner will complete the theoretical assessment detailed in the underpinning knowledge, practice the procedure under supervision and demonstrate competency in performing the procedure as part of formal competency assessment
Prerequisites:	Complete overarching eLearning: aseptic non-touch technique (ANTT®), Infection Control, Consent and Legal and Professional and pre-course specific material as signposted on Clinical Skills website
Training:	Attend face to face training delivered by Clinical Skills or Trained Trainers as part of peripheral cannula insertion training. Or as non-registered HCP who will only be required to remove a cannula-will need to; complete prerequisites as above, receive clinical supervision from a competent registered HCP in cannulation and demonstrate competency assessment as per performance criteria overleaf.
Assessment:	Using performance criteria below
Risk Assessment:	MODERATE (level of risk of harm due to user error)
Update:	Competence to be reviewed annually at appraisal and development review

UNDERPINNING KNOWLEDGE

It is expected that the healthcare practitioner will:

- List 3 indications for cannula removal
- Access and recognize signs of phlebitis and correctly score visual inspection and phlebitis (VIP) status
- Recognize and act appropriately on indication of potential infection
- Recognize and act appropriately on indication of poor skin integrity
- Recognize and act appropriately in the event of cannula shearing and loss of integrity of the device on removal
- List 2 reasons for alteration of blood clotting time
- List the correct procedure in the event of a needle stick injury

I certify that the above named healthcare practitioner has successfully completed the theoretical assessment which covers the above.

Signed:		Date:	
Print Name:		Position:	

CLINICAL SKILL [Standard Cannulation ANTT Posters](#)

PERFORMANCE CRITERIA –Peripheral cannula removal is a Standard ANTT® Approach as in Peripheral Cannulation procedure guideline the practitioner will:	Performed Safely (✓)
1. Preparation Zone: Confirm cannula removal, correctly identify patient and gain informed verbal consent	
2. Perform hand hygiene and demonstrate correct use of personal protective equipment (PPE). Assess for needle phobia and integrity of cannula site	
3. Perform correct hand hygiene and demonstrate correct cleaning of plastic procedure tray and selection of appropriate equipment	
4. Patient Zone: Ensure patient is positioned appropriately. Perform hand hygiene and demonstrate correct use of personal protective equipment (PPE)	
5. Ensure any IV lines are disconnected from cannula (registered HCP only) - leave NFAD attached if in situ	
6. Correctly loosen and lift dressing from patient's skin, whilst holding the cannula firm and remove secure strips from cannula wings/body	

7.	Safely remove the cannula ensuring it is intact. Seek appropriate help if it isn't or there are signs of complications	
8.	If no signs of complications, correctly dispose of cannula into sharps bin and apply pressure over site with gauze to stop bleeding. Apply fresh dressing	
9.	Decontamination Zone: Correctly dispose of clinical waste and decontaminate plastic procedure tray. Perform hand hygiene, complete all documentation and advise patient on site care.	

I confirm that the above named healthcare practitioner has completed the assessment competently.

Signed:		Date:	
Print Name:		Position:	

ASSESSOR COMMENTS

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CANDIDATE COMMENTS

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DECLARATION

I confirm that I have completed all pre-course pre-requisites and attended training on how to safely and competently remove a peripheral cannula. I confirm that I will be regularly performing cannula removal to maintain competency and agree to comply with the policy and procedures of the Trust. I acknowledge that it is my professional responsibility to maintain and update my knowledge and skills relating to this competency.

Signed:		Date:	
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SPONSOR/PEER REVIEW

To ensure the content is accurate, current and evidenced based, competencies are required to be peer reviewed by subject matter experts within the specialty. It is your responsibility, as the author, to ensure this is undertaken and the peer review section is signed by the appropriate person.

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Signed:		Date:	

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