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## South Western Sydney Centre for Education and Workforce Development (SWSCEWD) Assessment Pathway

### Adult peripheral intravenous cannulation and venous blood collection

### Clinical Skills Assessment Book

**Participant Employee No:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_



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## Introduction

These subjects are assessed through a number of forms of evidence including short Answer Questions, Case Study, observation in the clinical area/workplace and oral questioning.

## Assessment Requirements

1. You are required to complete all the assessments tasks included in this document as summarised below. Your assessor will discuss all of the assessment requirements with you prior to undertaking this subject...
2. You can hand in your completed assessments before it is due. If however, you cannot hand it in by the due date, you will need to negotiate with your Program Coordinator **prior** to the assessment due date (except in circumstances that prevent you from doing so)
3. Following assessment you will be provided with feedback and if required, further training will be arranged to facilitate achievement of competence  
The deadline for completion of this assessment will also be discussed at this time. If on second attempt you are unable to meet the competency requirements, an interview will be held with an approved assessor to assist further development and achievement of competence
4. The Student has the right to appeal an assessment decision at any time.

## Assessment Plan

Guidelines and instructions are provided for each assessment activity throughout the document. Please familiarise yourself with these requirements prior to undertaking them. The completed following activities relate to elements, performance criteria and knowledge evidence contained in the following subjects

To attain competence in this Subject you must satisfactorily complete **all** of the following:

- Identify and respond to clinical risks in pathology collection
- Perform venous blood collections
- Perform peripheral intravenous cannulation

## Assessment 1 - Short answer questions

Participants would have completed the requirement of this assessment task through the Theoretical Workbook that was submitted as part of enrolment.

## Assessment 2 - Workplace Observations (Cannulation)

Observation and assessment of skills must be conducted by a workplace assessor who is able to demonstrate competence in applying the required knowledge and skills successfully. The participant is required to complete the skills listed below in the workplace:

- peripheral venous cannulations on a minimum of three (3) different adult clients,
- monitored and document observations of one (1) cannula in-situ on an adult client
- safely removed cannula on ( 1) on an adult client

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**and/or**

**Assessment 3 - Workplace Observations (Venepuncture)**

- perform (5) venepunctures on different people, comprising of adults of various ages, .

**Please Note:**

1. All successful and unsuccessful attempts must be documented in the Clinical Skills Assessment Book and in the patients' health care record.
2. Completed Clinical Skills Assessment Book must be returned to the Adult Cannulation and Venepuncture course coordinator within 2 months of attending the course.

**Identification of Third Party Validation Assessors**

Department Manager or delegate will have a list of staff available in their department to assess for Adult Cannulation &/or Venepuncture.

- Third Party Validation Assessor/s **must** be one of the following:
  - Nursing/non-medical staff who are listed with the authority to cannulate and are on HETI online; or
  - Venous Access Team Services are available at some facilities who have undergone appropriate training
  - Other staff who are assessed by your facility such as Medical Officers who have undergone appropriate training; **or**
- For assessment on peripheral venepuncture only,
  - RN phlebotomist or Pathology Collection at your facility
  - Arrange by contacting the manager in your facility pathology service
- If you are having any difficulties in being assessed please contact your Adult Cannulation and Venepuncture course coordinator via South Western Sydney Centre for Education and Workforce Development (SWSCEWD). SWSCEWD contact details are on the next page.

**Third Party Validation Assessor Instructions**

- All Third Party Validation Assessors who supervise peripheral venous accesses (either cannulation or venepuncture) must be familiar with the relevant policies in their SWSLHD
- Third Party Validation Assessors are required to follow and complete the relevant assessment checklist/s for the procedure being assessed
- All non-successful and successful attempts must be documented

## Reasonable Adjustment

Adjustments such as allowing more time for assessments or adapting the task can be made to any of the assessment activities for participants with specific needs such as those with a disability or languages other than English.

Make sure you discuss your assessment needs with your assessor prior to the assessment.

## What happens if I do not pass an assessment?

If you do not pass an assessment, you will be given a further opportunity to complete the assessment. Your assessor will discuss this with you and arrange another time for you to be reassessed. If after your second attempt at the assessment you do not pass the assessment, you may be required to redo the training. Your assessor will discuss this with you.

## When do I have to complete the tasks in this workbook?

Your assessor will advise you of the due dates for each of the assessments, or in the case of a workplace observation/s, the date/s and time/s of the observation.

## Assessment Appeals

If you do not agree on the outcome of an assessment, an assessment appeal can be lodged by contacting the course co-ordinator as per below:

### **Please Note:**

**Completed APIVC Clinical Skills Assessment Workbook must be returned via email to:**

[SWSLHD-CEWD@health.nsw.gov.au](mailto:SWSLHD-CEWD@health.nsw.gov.au)

Within 2 months of course attendance or RPL being granted. Failure to submit within this timeframe (without granted extension) will result in non-assessment. Extensions may be granted by discussing your situation with your LHD Adult PIVC Course Coordinator before the due date.

A certificate of completion will be available after successful completion of all requirements as outlined above.

The nature of the certificate that will be generated by MHL will be based on the type of assessment obtained by the individual staff member.



## Adult Cannulation and Venepuncture Course Site Coordinators

**For Any Enquiries, Contact:**

Adult Cannulation and Venepuncture Course Site Coordinator

[SWSLHD-CEWD@health.nsw.gov.au](mailto:SWSLHD-CEWD@health.nsw.gov.au)

Telephone: 8738 5920

## Assessment Decision & Feedback

<b>Participant details</b>		
Name:		Enrolled in:
Address:		
Telephone:	Email:	
Delivery Site:	Course Date:	am/pm

<b>Assessor details</b>	
Name:	Telephone:
Email:	

Assessment 1 – Short answer questions	Written (W) Verbal (V)	Completed successfully		Comments
		Yes	No	
Did the student answer all written activity questions correctly? (Please note which questions were answered incorrectly, if applicable).				
Was verbal questioning used to clarify the student's understanding if answers were incorrect?				
Did the student clarify their response and answer correctly?				

Assessment 2 – Workplace Observations (Cannulation)	Written (W) Verbal (V)	Completed successfully		Comments
		Yes	No	
Was the Participant competent? (If no, please identify which areas were demonstrated incorrectly)				
For incorrect responses, was verbal questioning used to clarify the Participant's understanding?				
Did the Participant clarify their response and answer correctly?				



Assessment 3 – Workplace Observations (Venepuncture)	Written (W) Verbal (V)	Completed successfully		Comments
		Yes	No	
Was the Participant competent? (If no, please identify which areas were demonstrated incorrectly)				
For incorrect responses, was verbal questioning used to clarify the Participant's understanding?				
Did the Participant clarify their response and answer correctly?				

### Record of Assessment Outcomes

This section is to be completed by SWSCEWD Trainers/Assessors ONLY. This section is a summary of all assessment task decisions from the Theoretical Workbook (assessment tasks 1 & 2) and the Clinical Skills Assessment Book (assessment tasks 3 & 4).

The trainer/assessor must clearly indicate the assessment decision for one of the following:

1. Cannulation only; or
2. Venepuncture only; or
3. Cannulation & Venepuncture

Assessment Requirements	Successfully Completed Yes/No	Date	Assessor Initials
Assessment 1: Completion of Short answer questions			
Assessment 2: Workplace Observations - Cannulation			
Assessment 3: Workplace Observations - Venepuncture			
<b>Overall Assessment Outcome</b>			
<b>Re-assessment Outcome (if applicable)</b>			
<b>Assessor Name:</b>	<b>Date</b>	<b>Signature</b>	
<b>Participant Name:</b>	<b>Date</b>	<b>Signature</b>	

**Where the outcome of the assessment is not yet competent, note feedback provided to participant and date agreed for reassessment:**

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### **Clinical Skills Assessment: Peripheral (Venous) Cannulation**

Be observed by an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of successful peripheral venous cannulations for a minimum of three (3) different adult clients.

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

## Peripheral (Venous) Cannulation

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on **a minimum of 3 separate occasions**.

Assessment Number	1	2	3	4	5	6
<b>Elements and Performance Criteria</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>						
Confirm order for cannula insertion/resitting and required pathology tests & considers factors which may affect chemical analysis.						
Perform hand hygiene prior to patient contact (moment 1)						
Greet patient and identify self, verify patient & confirm date of birth						
Ascertain if patient has any allergies (e.g. to cleansing solutions, local anaesthetic agents or dressings)						
Assess patient need for diversion technique or additional assistance with procedure						
Explain procedure to patient and obtain consent						
Organise equipment (ensure sharps container is on hand), establish aseptic field						
Position patient to maximise comfort and exposure of vein/s, position self-according to WHS standards to avoid poor posture for health care worker						
Apply tourniquet						
Assess & select suitable vein for cannulation. Seek assistance if required						
Release tourniquet						
Prepare equipment next to bed. Don protective equipment (gloves, sterile gloves, mask & eyewear or face shield) as per infection control policy						
Remove cannula from packaging on sterile field						
Prepare skin area appropriately (clip excessive hair-preferred site & dressing area) and reapply sterile latex-free tourniquet						
Perform hand hygiene immediately pre procedure (moment 2)						
All manipulations must be done with a strict "aseptic non-touch technique (ANTT)"						
Apply antiseptic solution (2% CHG & 70% IPA) swab side-to-side or up and down motion with light friction, repeat with a second swab and allow to air dry.						
Inject local anaesthetic or apply anaesthetic cream, if required						
Prepare IV 0.9% sodium chloride 5 mL flush						

Assessment Number	1	2	3	4	5	6
<b>Elements and Performance Criteria</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>						
Prior to insertion, rotate plastic barrel of cannula 360° (as per manufacturer's guidelines, if required)						
Stabilise and anchor vein						
Insert cannula with bevel facing upwards at 10-30° angle, check for "flashback", lower angle and insert cannula further 2mm. Advance cannula into vein to correct length whilst maintaining skin traction						
Release tourniquet						
Apply digital pressure to vein distal to cannula tip, stabilise cannula hub and remove stylet manually or follow recommended manufacturers guidelines						
Connect cannula cap/valve and any extension set or three-way tap, if required						
Dispose of all sharps material in sharps container						
Clean around insertion site and apply sterile transparent semi-occlusive dressing to cannula & insertion site, ensure visibility of entry site						
If authorised, flush cannula with 0.9% sodium chloride						
Remove gloves and wash hands immediately post procedure (moment 3)						
Date & time must be recorded on dressing.						
Correctly dispose of general/contaminated waste materials						
Perform hand hygiene after patient contact (moment 4)						
Document procedure in health care record with collection of pathology laboratory tests (if requested) using appropriate medical terminology						
Documents any unsuccessful attempts and associated complications with actions taken in patient notes						

## Peripheral (Venous) Cannulation

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on **a minimum of 3 separate occasions**.

	Assessment Number 1	Assessment Number 2	Assessment Number 3	Assessment Number 4	Assessment Number 5	Assessment Number 6
Ward / Unit / Facility Hospital						
Assessment Date						
Assessor's name						
Assessor's designation						
Assessor's signature						
Feedback <b>to</b> participant						
Feedback <b>from</b> participant						
Assessment Decision <b>(Please Circle):</b>	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments						

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## Clinical Skills Assessment: Maintenance of Peripheral (Venous) Cannula

Be observed by an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of successful monitoring one (1) peripheral (venous) cannula in-situ.

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

## Maintenance of Peripheral (Venous) Cannula

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 1 occasion.

Assessment Number	1	2	3
<b>Elements and Performance Criteria</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>			
Perform hand hygiene (moment 1), greet patient and identify self			
Confirm patient identity and explains procedure to patient			
Organises equipment needed for flush (normal saline (N/S) ampoule and replacement of bungs or dressings if required.			
Preform hand hygiene (moment 2) & don gloves			
Inspect the site for erythema, tenderness, pain swelling and dressing integrity			
Check the patency of the IV line			
Preforms ordered flush (if required) correctly whilst adhering to aseptic technique principles, in line with local policy			
Ensure IV dressing is clean and replace bung if necessary			
Removes gloves and preforms hand hygiene (moment 4)			
Takes appropriate action by referring issues or situations identified to the senior RN/ NUM or medical staff.			
Ensures patient is comfortable at the completion of the procedure. Terminates procedure appropriately			
Document assessment of cannula patency and condition of site in the health care record or/and care plan			

## Maintenance of Peripheral (Venous) Cannula

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 1 occasion.

	Assessment Number 1	Assessment Number 2	Assessment Number 3
Ward / Unit / Facility Hospital			
Assessment Date			
Assessor's name			
Assessor's designation			
Assessor's signature			
Feedback <b>to</b> participant			
Feedback <b>from</b> participant			
Assessment Decision ( <b>Please Circle</b> ):	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments			



## **Clinical Skills Assessment: Removal of Peripheral (Venous) Cannula**

Observation by an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of the successful and safe removal of a peripheral (venous) cannula on a minimum of one (1) occasion.

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

## Removal of Peripheral Venous Cannula

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 1 occasion.

Assessment Number	1	2	3
<b>Elements and Performance Criteria</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>			
Perform hand hygiene (moment 1) and confirm patient identity			
Explain reason for IVC removal			
Organise equipment including kidney dish, sterile gauze & tape			
Remove adhesive tape and dressing covering the cannula			
Perform hand hygiene (moment 2) & don gloves			
Inspect the site for redness, swelling or tenderness			
Clean site thoroughly with ≥ 70% alcohol and allow to dry			
Place sterile gauze or cotton wool ball proximal to the insertion site			
Press proximal site and gently remove cannula			
Inspect cannula for integrity			
Apply pressure for 2 minutes or until bleeding stopped			
Once bleeding has ceased, cover site with sterile dressing			
Place removed cannula into the clinical waste bin			
Remove gloves and perform hand hygiene (moment 3)			
Advise patient dressing should remain intact for 24 hours and to notify staff if any swelling or discharge occurs at insertion site after PIVC removal			
Discard equipment/unused fluids appropriately			
Perform hand hygiene after patient contact (moment 4)			
Document date, time and reason for the removal in the patient notes including condition of site and whether cannula tip was complete and intact			

## Removal of Peripheral Venous Cannula

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 1 occasion.

	Assessment Number 1	Assessment Number 2	Assessment Number 3
Ward / Unit / Facility Hospital			
Assessment Date			
Assessor's name			
Assessor's designation			
Assessor's signature			
Feedback <b>to</b> participant			
Feedback <b>from</b> participant			
Assessment Decision ( <b>Please Circle</b> ):	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments			

## **Clinical Skills Assessment Checklist: Peripheral (Venous) Venepuncture**

Be observed an assessor in the workplace, demonstrating competence in applying the required knowledge and skills of successful peripheral venous venepunctures from at least five (5) different people, comprising adults of various ages,

Additional assessment tools have been provided where all successful and non-successful must be documented on the following pages.

## Peripheral Venepuncture

This assessment is based on the policies within the LHD. The following criteria must be successfully achieved during assessment on a minimum of 5 occasions.

Peripheral (Venous) Venepuncture: Assessment Number	1	2	3	4
<b>Elements and Performance Criteria:</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>				
Perform hand hygiene prior to patient contact (moment 1)				
Confirm order for blood collection (identify tests required & considers factors which may affect chemical analysis)				
Greet patient, identify self, verify patient & confirm date of birth then check <b>against</b> pathology request form				
Maintain privacy, explain procedure to patient and obtain consent				
Organise all equipment required (including tubes, sharps container, biohazard bag)				
Position patient & support their arm (ensure it isn't flexed at elbow), place selected arm in gravity dependent position & maximise comfort. Health care worker positions self-according to WHS standards to avoid poor posture.				
Perform hand hygiene immediately pre procedure (moment 2)				
Use protective equipment (gloves, mask & goggles or face shield)				
Prepare vacutainer system/winged infusion set for use and apply tourniquet				
Select the venepuncture site & seek assistance if required				
Cleanse skin with 2% Chlorhexidine in 70% alcohol swab and allow to dry				
Remove shield from Vacuette needle or winged infusion needle (rotate shield if using BD eclipse needle)				
Hold Vacuette barrel / winged infusion set with non-dominant hand to anchor vein below the site with bevel facing up at an angle of 45 degrees according to organisation policy and procedures				
Insert the needle aseptically; insert blood tube with dominant hand.				
As soon as blood begins to fill the first tube, release tourniquet				
Maintain constant, forward pressure on tube until blood fills tube to marker and stops flowing				
Removes tube from barrel, gently inverts blood tubes to mix preservative or anti-coagulant. Does not shake vigorously.				
Repeat procedure with other tubes if required and follows order of draw.				
After last tube withdrawn, cover site with sterile cotton wool/gauze and doesn't apply direct pressure. Removes needle and then applies firm pressure to site and ensure patient keeps arm straight.				
Disposes of all sharps material in sharps container				
Remove gloves, goggles & mask/ face shield and performs hand hygiene immediately post procedure (moment 3)				
Remove cotton wool from site after 2 mins (if not bleeding) apply bandaid				
Provide client with appropriate post venepuncture care instructions				
Label each tube with patient's name, medical record number and test requested ( label can be used once details checked)				
Complete collection details on pathology request form, place tubes & request form into biohazard plastic bag				
Wash hands after patient contact (moment 4)				
Observe client before, during & after collection for potential adverse effects & respond according with required first aid response				

	Assessment Number 1	Assessment Number 2	Assessment Number 3	Assessment Number 4
Please circle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle
Client's Age				
Ward / Unit / Facility Hospital				
Assessment Date				
Assessor's name & designation				
Assessor's signature				
Feedback <b>to</b> participant				
Feedback <b>from</b> participant				
Assessment Decision <b>(Please Circle):</b>	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments				

Peripheral (Venous) Venepuncture: Assessment Number	5	6	7	8
<b>Elements and Performance Criteria:</b>	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)	Achieved ✓ or ✗ (or n/a)
<b>Procedure</b>				
Perform hand hygiene prior to patient contact (moment 1)				
Confirm order for blood collection (identify tests required & considers factors which may affect chemical analysis)				
Greet patient, identify self, verify patient & confirm date of birth then check <b>against</b> pathology request form				
Maintain privacy, explain procedure to patient and obtain consent				
Organise all equipment required (including tubes, sharps container, biohazard bag)				
Position patient & support their arm (ensure it isn't flexed at elbow), place selected arm in gravity dependent position & maximise comfort. Health care worker positions self-according to WHS standards to avoid poor posture.				
Perform hand hygiene immediately pre procedure (moment 2)				
Use protective equipment (gloves, mask & goggles or face shield)				
Prepare vacutainer system/winged infusion set for use and apply tourniquet				
Select the venepuncture site & seek assistance if required				
Cleanse skin with 2% Chlorhexidine in 70% alcohol swab and allow to dry				
Remove shield from Vacuette needle or winged infusion needle (rotate shield if using BD eclipse needle)				
Hold Vacuette barrel / winged infusion set with non-dominant hand to anchor vein below the site with bevel facing up at an angle of 45 degrees according to organisation policy and procedures				
Insert the needle aseptically; insert blood tube with dominant hand.				
As soon as blood begins to fill the first tube, release tourniquet				
Maintain constant, forward pressure on tube until blood fills tube to marker and stops flowing				
Removes tube from barrel, gently inverts blood tubes to mix preservative or anti-coagulant. Does not shake vigorously.				
Repeat procedure with other tubes if required and follows order of draw.				
After last tube withdrawn, cover site with sterile cotton wool/gauze and doesn't apply direct pressure. Removes needle and then applies firm pressure to site and ensure patient keeps arm straight.				
Disposes of all sharps material in sharps container				
Remove gloves, goggles & mask/ face shield and performs hand hygiene immediately post procedure (moment 3)				
Remove cotton wool from site after 2 mins (if not bleeding) apply bandaid				
Provide client with appropriate post venepuncture care instructions				
Label each tube with patient's name, medical record number and test requested (addressograph label can be used once details checked)				
Complete collection details on pathology request form, place tubes & request form into biohazard plastic bag				
Wash hands after patient contact (moment 4)				
Observe client before, during and after collection for potential adverse effects and respond according with the required first aid response				

	Assessment Number 5	Assessment Number 6	Assessment Number 7	Assessment Number 8
Please circle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle	Vacurette needle <b>or</b> winged infusion needle
Client's Age				
Ward / Unit / Facility Hospital				
Assessment Date				
Assessor's name & designation				
Assessor's signature				
Feedback <b>to</b> participant				
Feedback <b>from</b> participant				
Assessment Decision <b>(Please Circle):</b>	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful	Successful / Unsuccessful
Reassessment (if required) &/or Comments				