

*Validation Checklist*  
**1:1 ALS Program Orientation / Competencies**  
**Assisting with I.V. Set-up**

NAME: \_\_\_\_\_ ID# \_\_\_\_\_  
(Please Print)

JOB POSITION: \_\_\_\_\_ INITIAL:  RENEWAL:  DATE: \_\_\_\_\_

PROCEDURE			
Performance Criteria	YES	NO	Comments
Confirms indications for fluid administration by ALS provider			
Selects appropriate type and amount of IV fluid			
Checks for clarity, color, intact container, and <b>expiration date*</b>			
Selects appropriate administration set (micro drip or macro drip)			
Maintains <b>Aseptic technique throughout process *</b>			* Denotes Critical Fail
Prepares tubing by closing roller clamp and removing all packaging			
Removes IV solution from packaging and opens solution by removing seal			
Inserts IV tubing into solution container			
Prepares by filling drip chamber to ½ full and flushes all air out of tubing			
Prepares tape, I.V. dressing and gauze as needed			
Assists by handing tubing to paramedic to connect to I.V. catheter. May assist with saline lock procedure, but may not draw up or push saline.			
May monitor or adjust fluids within 802 scope of practice (Glucose solutions, NS, LR) under the direction of the paramedic.			

**Validator Attestation Statement:** *My signature below indicates that I have reviewed/validated each line item and that completion by the employee occurred on the date stated at the top of this document.*

**VALIDATOR NAME / SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Print Name & Sign)

- I understand the content and have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and / or competency verification.
- I understand that I have not met the criteria needed to verify that I am competent provider of this service. I agree to participate in additional leaning activities as assigned in order to meet criteria.
- I also understand that this form will be kept in my education file and is available upon request.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_