

Venepuncture Competency Booklet

Please Print:

Learners Name:

Learners Workplace:

Mentors Name:

Mentors Workplace:

We do not expect you to cover all the competencies listed below especially adverse reactions/events but it is important that you successfully complete all the basic skill elements whilst carrying out venepuncture in clinical practice. Skill elements should be signed off as they are achieved

This competency booklet is your personal record of development in performing venepuncture competently in clinical practice. It is your assigned mentor who has the responsibility to ensure that you have successfully performed all the required actions detailed prior to the final formal sign off as per the last page of this document

Appropriate Actions Witnessed
All Basic Skill elements to be formally signed by mentor when achieved in clinical practice

Patient Identification Explanation of process Patient consent obtained	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:

Hand hygiene conformed to set standard PPE used (gloves/apron)	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:

Equipment for preparing & caring for venous access site assembled effectively	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:

Tourniquet used correctly & not left in situ for more than 1min at a time	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:

Vacutainer and appropriate gauge needle used	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:
---	-------------	------	------	------	------	------	------	------	------	-----------------	------------------

Alternate site required and accessed appropriately	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:
---	-------------	------	------	------	------	------	------	------	------	-----------------	------------------

Applied standard plasters, hypoallergenic plaster, gauze appropriately		Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:
---	--	------	------	------	------	------	------	------	------	-----------------	------------------

All waste disposed of in accordance with employers policies	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:
--	-------------	------	------	------	------	------	------	------	------	-----------------	------------------

Blood sample and request form completed fully Patient held documentation completed where applicable	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments	Mentor Sign off:
--	-------------	------	------	------	------	------	------	------	------	-----------------	------------------

Adverse Reactions/Events

Obtained support from a more experienced practitioner appropriately	Date	Comments	Date	Comments	Date	Comments	Mentor Sign off:

Untoward incident procedure Managed (i.e. vaso-vagal reaction)	Date	Comments	Date	Comments	Date	Comments	Mentor Sign off:

Bleeding from site managed effectively	Date	Comments	Date	Comments	Date	Comments	Mentor Sign off:

Appropriate action taken when patient reports pain during procedure	Date	Comments	Date	Comments	Date	Comments	Mentor Sign off:

Managed patient fear/anxiety regarding process of venepuncture	Date	Comments	Date	Comments	Date	Comments	Mentor Sign off:

Competency Sign off Sheet

I, _____ (the candidate) now feel confident and competent enough to carry out venepuncture.

Candidate Signature:

Date:

I, _____ (the mentor) am in agreement that _____ (the candidate)

Is confident and competent to carry out venepuncture.

Mentors Signature:

Date:

Please return this form to your manager to be recorded in your personal file & send a copy of the sign off sheet (p14) to the Training & Development Dept Mercian House Oxon Business Park Shrewsbury SY3 5AL (c/o Lucy Jones)