**7.0 PERFORMANCE CHECKLIST (Authorization Record)**

**Name:**

Successful completion requires 100% compliance with criteria.

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|  | **PERFORMANCE CRITERIA** | **Demonstrated** |
| **1.** | Explains the procedure to the patient. |  |
| **2.** | Identifies the patient using 2 patient identifiers: right patient for the right test. |  |
| **3.** | Selects the most appropriate vein. |  |
| **4.** | Selects and applies the tourniquet/BP cuff correctly. |  |
| **5.** | Demonstrates knowledge of vein dilation methods and selects the most appropriate method. |  |
| **6.** | Demonstrates the correct method of cleansing the site. |  |
| **7.** | Demonstrates venipuncture successfully with:  i] Vacutainer set or  ii] Vacutainer brand safety-lok blood collection set |  |
| **8.** | Demonstrates correct method of removing the needle and application of pressure. |  |
| **9.** | Disposes of used supplies correctly. |  |
| **10.** | Ensures that the tubes and requisitions are labeled correctly and bags the blood specimen. |  |

Please check off the following when completed:  Learning Guide  Authorization Test

Inservice

View Demonstration

Clinical Learning Specialist or Delegate: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_