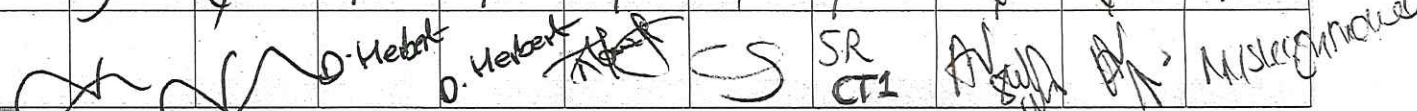


Venepuncture Assessment Tool

Practitioner has demonstrated competence against standards

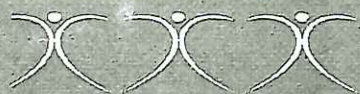
PROCEDURE	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Consent obtained, or best interest documented	X	f	Y	Y	Y	Y	Y	Y	Y	✓
Hands washed	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Wearing appropriate PPE (apron & gloves)	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Apply single use tourniquet	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Cleaned skin with 0.5% chlorhexidine in 70% alcohol	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Skin punctured at appropriate angle	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Bloods taken in correct order	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Remove tourniquet	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Needle removed and discarded correctly	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Bloods labelled at patient side	X	X	Y	Y	Y	Y	Y	Y	Y	✓
Sterile gauze or Elastoplast for venepuncture site	X	X	Y	Y	Y	Y	Y	Y	X	✓
Documentation completed correctly	Y/NA	Y	Y	Y	Y	Y	Y	Y	Y	✓
Clinical waste disposed of correctly	Y/NA	X	Y	Y	Y	Y	Y	Y	Y	✓
Communicated appropriately with the patient at all times	Y	X	Y	Y	Y	Y	Y	Y	Y	✓
Supervisor signature										

Venepuncture Facilitator name	Venepuncture Facilitator signature	Date competency achieved

Manager's name & signature	Date added to e-rostering

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Please return form to the practitioner



Great Staff - Great Care - Great Future





Venepuncture Agreement

I agree to undertaking venepuncture to support my colleagues in the work place.

I confirm that:

- I have completed a venepuncture workshop
- I have completed the Trust venepuncture e-learning
- I have read and understand the Hull & East Yorkshire NHS Venepuncture policy
- I am able to manage an common complications related to venepuncture
- I will complete a 3 yearly venepuncture update
- I will be an excellent role model
- I will adhere to wearing appropriate PPE
- I will ensure that the relevant bedside checks are made and all samples will be labelled at the patient bedside

Date:	Staff Name (print)	Signature
30/05/22	JOSH WORLEY	
Date:	Facilitator	Signature
30/5/22	Amada Patacup	
Date added to eRoster	Sister / Charge nurse / CNE	Signature
	Amada Patacup	