



OSCE Checklist: Intravenous Cannulation

Introduction	
1	Gather equipment
2	Wash your hands using alcohol gel. If your hands are visibly soiled, wash them with soap and water. Don PPE if appropriate.
3	Introduce yourself to the patient including your name and role
4	Confirm the patient's name and date of birth
5	Briefly explain what the procedure will involve using patient-friendly language
6	Gain consent to proceed with intravenous cannulation
7	Check if the patient has any allergies
8	Adequately expose the patient's arms for the procedure
9	Position the patient so that they are sitting comfortably
10	Ask the patient if they have any pain before continuing with the clinical procedure
Preparation	
11	Don gloves (if not already wearing some)
12	Open the dressing pack and place the cannula, cannula dressing and other items onto the field. Prepare the normal saline flush if a pre-filled flush is not available.
13	Remove the pressure from the ulnar artery whilst maintaining pressure over the radial artery
14	If you are planning on using an extension set, you should attach this to the flush and prime the line
15	Decide which arm you plan to cannulate
16	Place a pillow under the arm to be cannulated to make the procedure more comfortable for the patient
17	Place a field below the patient's arm to prevent blood spillage
Choosing a vein	
18	Inspect the patient's arm for an appropriate cannulation site
19	Position the patient's arm in a comfortable extended position that provides adequate access to the planned cannulation site
20	Apply the tourniquet approximately 4-5 finger-widths above the planned cannulation site
21	Palpate the vein you have identified to assess if it is suitable
22	Once you have identified a suitable vein you may need to temporarily release the tourniquet, as it should not be left on for more than 1-2 minutes at a time
23	Clean the site with an alcohol swab for 30 seconds and then allow to dry completely for 30 seconds
Inserting the cannula	
24	Wash your hands again, removing gloves if these were worn for setting up the saline flush
25	Don a new pair of non-sterile gloves

26	Re-apply the tourniquet if removed previously	
27	Remove the cannula sheath	
28	Prepare the cannula (open wings, slightly withdraw/replace the needle, unscrew the cap)	
29	Anchor the vein with your non-dominant hand from below by gently pulling on the skin distal to the insertion site	
30	Warn the patient that they will experience a sharp scratch	
31	Insert the cannula directly above the vein, through the skin at an angle of 10-30° with the bevel facing upwards	
32	Observe for a flashback of blood into the cannula chamber, which confirms that the needle has punctured the vein	
33	Lower the cannula and then advance the needle a further 2mm after flashback is observed to ensure it's within the vein's lumen	
34	Partially withdraw the introducer needle, ensuring the needle end is within the plastic tubing of the cannula (you should observe blood entering the plastic tubing of the cannula as you do this)	
35	Carefully advance the cannula into the vein as you simultaneously withdraw the introducer needle until the cannula is fully inserted and the needle is almost removed	
36	Release the tourniquet	
37	Place some sterile gauze directly underneath the cannula hub	
38	Apply pressure to the proximal vein close to the tip of the cannula to reduce bleeding	
39	Gently pull the introducer needle backwards whilst holding the cannula in position until it is completely removed	
40	Connect a Luer lock cap or primed extension set to the cannula hub	
41	Dispose of the introducer needle immediately into a sharps container	
42	Apply adhesive strips to secure the cannula wings to the skin. Do not obscure the insertion site with the strips, as this needs to remain visible to allow early identification of phlebitis.	
Flushing the cannula		
43	Inject the normal saline into the cannula using the flush you prepared earlier	
44	Secure the cannula with a dressing if the cannula flush was successful	
To complete the procedure...		
45	Explain to the patient that the procedure is now complete	
46	Thank the patient for their time	
47	Dispose of your PPE and other clinical waste into an appropriate clinical waste bin	
48	Wash your hands	
49	Document the details of the procedure on a cannulation chart or in the patient's notes	