**Radiographer/RDA/Nursing staff competence in the administration of IV contrast for Imaging examinations [QSI Ref: XR-513]**

**Descriptor:**

Assessment of Radiographer, Radiology Department Assistant and Radiology Nurse skills and understanding of the administration of intravenous contrast

**Background:**

This audit is worth carrying out because when delegating the injection of intravenous (IV) contrast agents to non medical staff, there must be evidence that such delegation is proper and appropriate.

There is a need to demonstrate that all non medical staff performing this task are competent at needle insertion and in the use of the injector pump. In addition, those who carry out these tasks must possess an understanding of the contra-indications to contrast administration, signs of contrast medium reactions and how such reactions should be managed

## The Cycle

**The standard:**

All non medical staff administering IV contrast should:

1. Hold a current certificate of competence in administration of IV contrast

2. Achieve venous access in at least 90% of patients

3. Satisfy an annual assessment on the use of contrast medium injector pumps in the department

4. Attend an annual BLS training session

**Target:**

100%

## Assess local practice

**Indicators:**

Percentage of non medical staff satisfying all of the components in the standard.

**Data items to be collected:**

For each Radiographer/RDA/Nurse obtain records of:

1. Certificates of competence

2. Records of attempts at obtaining IV access (30 consecutive cases) and whether these were successful

3. IV pump training assessment records

4. BLS training records

**Suggested number:**

All non medical staff involved in giving IV injections in CT, MRI or elsewhere within the Radiology Department.

**Suggestions for change if target not met:**

1. Should any individual achieve a poor level of IV access then arrange an attachment to the phlebotomy department

2. Organise regular, departmental, certificated BLS training

3. Trust to review staffing level of BLS trainers if training is not available

4. Provide a record book for the regular recording of IV access success/failure

5. Repeat date for commencing the next audit (following change): six months

6. Identify staff member responsible for introducing change

7. Indicate date for reporting on the repeat audit

**Resources:**

Superintendent radiographer for CT/ MRI/ Theatre and audit clerk

Two hours to review the records

One hour to write the report

**References:**

1. College of Radiographers. Course of study for the certificate of competence in administering IV injections and record of clinical experience. 3rd Edition London: SCoR, 2011 .<https://www.sor.org/learning/document-library/course-study-certification-competence-administering-intravenous-injections>
2. College of Radiographers. Code of Professional Conduct. London: SCoR, 2013. <https://www.sor.org/learning/document-library/code-professional-conduct>
3. Team working in Clinical Imaging CoR RCR 2012

<https://www.rcr.ac.uk/system/files/publication/field_publication_files/BFCR%2812%299_Team.pdf>

1. Advice on Delegation of Tasks in Departments of Clinical Radiology RCR 1996

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1. RCR Standards for intravascular contrast agent administration to adult patients. Third edition

<https://www.rcr.ac.uk/sites/default/files/Intravasc_contrast_web.pdf>

1. Royal College of Radiologists, The College of Radiographers. Inter-professional roles and responsibilities in a radiology service. London: RCR, 1998.

**Editor's comments:**

Patients need assurance that they are being treated competently and safely. This audit is required in order to satisfy the Trust and to reassure patients that delegation is being monitored and that standards are consistently high. Poor technique reduces examination quality, the throughput of examinations and the value of skills mix if a radiologist has to be called to assist with obtaining venous access.

**Submitted by:**

Taken from Clinical Governance and Revalidation 2000 RCR, updated by CRASC 2007 and CRAC in 2012 & 2015

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