

**NEW MEXICO DEPARTMENT OF HEALTH  
INTRAVENOUS THERAPY (IV) CERTIFICATION FORM**

**NECESSARY COMPONENTS OF CERTIFICATION IN IV THERAPY**

1. Uses of IV therapy in midwifery care
2. Different IV fluids and their uses
3. Basic anatomy and physiology of the vasculature
4. Initiation and maintenance of an IV line
  - a. Administration of IV fluids, including rate control
  - b. Changing and discontinuing an IV line
  - c. Attaching a saline lock
  - d. Complications and troubleshooting the IV line
5. Administration of IV medications, including antibiotics and Pitocin
6. Practical skills evaluation, including:
  - a. Successful initiation of an IV line (NMDOH requires LMs to successfully start an intravenous catheter on a volunteer at least once every two years)
  - b. Administration of IV fluids
  - c. Changing and discontinuing an IV line
  - d. Attaching a saline lock
  - e. Adding medication to an IV line

I certify that I have satisfied the components of this requirement by:

Taking a course that includes a hands-on component approved by the NMDOH (including courses provided by national or state organizations and education programs)

Name of course instructor: \_\_\_\_\_

Signature of course instructor: \_\_\_\_\_ Date of course: \_\_\_\_\_

(May provide certificate of course completion with evidence of hands-on component if instructor unable to sign)

Working in a healthcare role that requires performance of IV starts and maintenance on a regular (every shift) basis for at least three months during the previous two years (RN/EMT)

Place of Employment: \_\_\_\_\_ Healthcare Role: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Teaching an in-person IV Certification Course that includes the hands-on component at least two times per year.

Dates of course taught: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_