

**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: \_\_\_\_\_