

ZOLL R Series PLUS Competency Checklist #DAHS-NSCRSPLUS17

Page 1 of 2

Name:	PPS#:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and checklist is scanned and emailed to hs-cppn@ucdavis.edu	

1.	COMPLETED
Completed the assigned ZOLL R Series PLUS Defibrillator tutorials in UC Learning.	<input type="checkbox"/>
TEST MODE	
Successfully demonstrates 30 Joule defibrillator test.	<input type="checkbox"/>
Can check and change paper.	<input type="checkbox"/>
ADVISORY MODE	
Turn dial to ON.	<input type="checkbox"/>
Tells everyone to stop CPR and stand clear.	<input type="checkbox"/>
Follows voice prompts and delivers shock if recommended.	<input type="checkbox"/>
MANUAL MODE	
Can turn on device and convert from AED to manual mode.	<input type="checkbox"/>
CPR FEEDBACK	
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.	<input type="checkbox"/>
Shows that if rate is too slow, metronome beeps and <u>Rate</u> prompt appears.	<input type="checkbox"/>
Speeds up to silence metronome and allow the <u>Rate</u> prompt to disappear.	<input type="checkbox"/>
Shows that if depth is too shallow, the <u>Depth</u> prompt appears on the screen.	<input type="checkbox"/>
Pushes hard to allow <u>Depth</u> prompt to disappear.	<input type="checkbox"/>
Demonstrates understanding of See-Thru CPR® filtered ECG.	<input type="checkbox"/>
PADS	
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable).	<input type="checkbox"/>
Opens OneStep packaging correctly	<input type="checkbox"/>
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion.	<input type="checkbox"/>
Identifies CPR Sensor and explains its purpose.	<input type="checkbox"/>

ZOLL R Series PLUS Competency Checklist #DAHS-NSCRPLUS17
Page 2 of 2

Name:	PPS#:
Unit:	Title:

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and checklist is scanned and emailed to hs-cppn@ucdavis.edu

SUPERUSER/TRAINER

Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).	<input type="checkbox"/>
Understands how to change parameter settings (NIBP, EtCO2, SpO2).	<input type="checkbox"/>
Understands purpose of Code Marker.	
Can access data from the code (Print Chart, Print Log, or Transfer Data).	<input type="checkbox"/>
User demonstrates sufficient understanding of device to train other users in its use.	

Preceptor Signature: Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature	Date