

ZOLL X Series Checklist #DAHS-NSCXS17

Name:	Employee ID #:
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 pages 1, 2, and 3 have been scanned and emailed to: cppn@health.ucdavis.edu

Method of Instruction	Preceptor Verification of Skill: Method of Evaluation
CP=Clinical Practice D=Demonstration E=Education Session OM=Online Module P=Policy/ Procedure Review SP=Study Packet REF=Reference Information only – not assigned in UCL	N/A=Not applicable to specific patient care area O=Observation (in clinical setting) OT=Online Test RD=Return Demonstration T=Written Test V=Verbal

ZOLL X Series Skills Checklist #DAHS-NSCXS17	Method of Instruction	Method of Evaluation	Date	Verifier Initials
References: UC Davis Health Policy 6005: Automated External Defibrillator (AED-Zoll)				
Completed the assigned ZOLL X Series Defibrillator tutorials in UC Learning				
TEST MODE				
Successfully demonstrates 30 Joule defibrillator test				
Can check and change paper				
MONITOR MODE				
Applies 3-lead or 12-lead ECG				
Changes lead (ECG Tracing) views				
Locates Recorder key and prints a strip				
Access HR menu and demonstrate how to change settings				
Locate NIBP soft key and activate manual BP measurement				
Access NIBP menu and verbalize options				
Demonstrate how to change NIBP alarm settings				
Change NIBP mode from Manual to Automatic				
Change Automatic mode intervals				
Access SpO2 menu and verbalize options				
Access Temp menu and verbalize options				
Locate CO2 soft key and press to activate				
Access CO2 menu and verbalize options				
Access IBP menu and verbalize options				
MANUAL DEFIBRILLATION				
Locates multifunction cable				
Confirms shockable rhythm				

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MANUAL DEFIBRILLATION continued				
Selects defibrillator mode (red)				
Presses Energy Select or Charge button				
Tells everyone to stand clear				
Delivers shock at desired energy level				
Defines and adjusts energy levels for Adults (120,150, 200J) and Pediatrics (2-4J/kg)				
CPR FEEDBACK				
Demonstrates steps to fill CPR Index™ – understands proper rate/depth				
Shows that if rate is too slow, metronome beeps and Rate prompt appears				
Speeds up to silence metronome and allow the Rate prompt to disappear				
Shows that if depth is too shallow, the Depth prompt appears on the screen				
Pushes hard to allow Depth prompt to disappear				
Demonstrates understanding of See-Thru CPR® filtered ECG				
SYNCHRONIZED CARDIOVERSION				
Puts device into SYNC mode				
Selects desired energy. (Pediatric stat with 0.5-1.0 J/kg)				
Presses charge button				
Tells everyone to stand clear				
Delivers synchronized shock				
States and demonstrates that SYNC must be activated for each and every synchronous cardioversion				
PACING				
Turns up pacing output (mA) until capture is achieved – identifies capture				
Adjusts pace rate				
Understands pausing for visualizing patients underlying rhythm				
PADS				
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable)				
Opens OneStep packaging correctly				

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ZOLL X Series Skills Checklist #DAHS-NSCXS17 continued	Method of Instruction	Method of Evaluation	Date	Verifier Initials
PADS				
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion				
Identifies CPR Sensor and explains its purpose				
INTERNAL PADDLES				
Understands how to connect internal paddles to OneStep™ cable				
Selects defibrillator mode (red)				
Understands 10J default energy level with range of 1 to 50 Joules				
SUPERUSER/TRAINER				
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.)				
Understands how to change parameter settings (NIBP, EtCO2, SpO2)				
Understands purpose of Code Marker				
Can access data from the code (Print Chart, Print Log, or Transfer Data)				
User demonstrates sufficient understanding of device to train other users in its use				

PRECEPTOR SIGNATURE:

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initials:	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.

Name:	Signature:	Date: