

ZOLL X Series Skills Checklist #DAHS-NSCXS17 Page 1 of 3				
Name:	Employee ID #:			
Unit:	Title:			
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demon				
These skills will be considered complete when pages	s 1, 2 and 3 are completed and scanned and emailed to hs-cppn@u	ıcdavis.edu		
References: UC Davis Health Policy 6005: Automated External Defibrillator (AED-Zoll)		Date Completed (or N/A)	Verifier Initials	
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				
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)			

Scan Pages 1, 2, and 3 and email to: hs-cppn@ucdavis.edu

ZOLL X Series Skills Checklist #DAHS-NSCXS17 Page 2 of 3 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 pages 1, 2 and 3 are completed and scanned and emailed to hs-cppn@ucdavis.edu CRR FEEDRACK

CPR FEEDBACK	Date Completed (or N/A)	Verifier Initials
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		
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		

ZOLL X SPage 3 of 3	Series Skills Checklist #DAHS-NSCXS17				
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SUPERUSE	R/TRAINER			Date Completed (or N/A)	Verifier Initials
Demonstr	ate how to use additional options (Mentor mode,	Set the clock, etc.)			
Understar	nds how to change parameter settings (NIBP, EtC	O2, SpO2)			
Understar	nds purpose of Code Marker				
Can acce	ss data from the code (Print Chart, Print Log, or T	ransfer Data)			
User dem	onstrates sufficient understanding of device to tra	in other users in its	use		
Preceptor S	Signature: Signature and Printed Name of Preceptor or ot	her verified personnel	who have initialed on this form:		
Initial:	Print Name:	Signature:			
	•	<u> </u>			
have read	EE STATEMENT AND SIGNATURE: and understand the appropriate UC Davis Health Policies/Prohave the knowledge of the resources available to answer que		ent operations manual, I have demonstrated the abilit	y to perform the verifie	d skills as
		Date	0		
Print Name			Signature		