



UCHC JDH Cardiac Step-Down Competency Checklist 5/1/08 – 4/30/09

Employee Name: _____ Position Title: _____ Dept.: CSDU

EQUIPMENT REVIEW	Completed Y / N (yes / no)	Validator's Initials	Comments
Method: observation / discussion			
CADD pump:			
a. Attended CADD pump inservice	Y / N		
b. Discussed care of patient w/ CADD pump & Flolan	Y / N		
Aquapheresis therapy training – Aquadex system	Y / N		
KNOWLEDGE REVIEW			
Method: Healthstream assignment / review packet			
Phlebotomy (Healthstream)	Y / N		
Fall Risk (Healthstream / SLP)	Y / N		
PROTOCOL REVIEW			
Method: Staff to read/review protocols:			
Restraints: Acute Medical / Surgical (and related forms)	Y / N		
Restraints, Behavioral; Care of the patient in (and related forms)	Y / N		
1:1 Observation / Constant Observation (and related forms)	Y / N		
Pain: Care of the Adult Patient with Pain	Y / N		
Emergency Care of Lethal Arrhythmias	Y / N		
IVP Medications	Y / N		
Advanced Directives	Y / N		

The above is validation that this employee has demonstrated the skill, knowledge, and competency with regard to the above mentioned equipment, processes, procedures & protocols.

Validator's Initial / Signature: _____ / _____

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