

CADD Prizm PCSII Training Checklist

Name _____

Check in the appropriate box and sign when complete.

| | Skill | Yes | No | N/A |
|----|--|-----|----|-----|
| 1. | Demonstrates how to prime tubing and load cassette | | | |
| 2. | Demonstrates how to start a new program for a new patient | | | |
| 3. | Demonstrates how to change container | | | |
| 4. | Demonstrates how to change programming | | | |
| 5. | Demonstrates how to unlock keypad | | | |
| 6. | Demonstrates how to access history and shift totals | | | |
| 7. | Demonstrate how to review program | | | |
| 8. | Demonstrates how to change the batteries | | | |
| 9. | Verbalizes the need to review the pump program at every visit for accuracy | | | |

I, _____, have completed the training on the CADD Prizm PCSII pump and feel that I am competent to perform the above skills independently. I realize it is my responsibility to maintain competence in caring for patients with a CADD Prizm PCSII and I will seek guidance/assistance when needed.

Nurse Signature: _____

Date: _____

Certified by: _____ (NM or CNE)

Date: _____

CADD Prizm PCSII Training Scenario

Part A:

Set up New Program:

Drug: Morphine

Rate: 2 mg/hr

Bolus Dose: 1 mg Q 30 min

Concentration 2 mg/ml

Part B:

New Orders:

Increase rate to 4 mg/hr

Bolus dose: 2 mg bolus Q 30 minutes

Concentration: 4 mg/ml.

Part C:

More New Orders:

Increase rate to 6 mg/hr

Bolus Dose: 2 mg bolus q 20 minutes

Concentration: 4 mg/ml