**CADD Solis 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 Solis 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 Solis and I will seek guidance/assistance when needed.

Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NM or CNE)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CADD Solis Training Scenario**

Part A:

Set up New Program:

Drug: Morphine

Rate: 2 mg/hr

Bolus Dose: 1 mg Q 30 min

Concentration 2 mg/mI

Part B:

New Orders:

Increase rate to 4 mg/hr

Bolus dose: 2 mg bolus Q 30 minutes

Concentration: 4 mg/mI.

Part C:

More New Orders:

Increase rate to 6 mg/hr

Bolus Dose: 2 mg bolus q 20 minutes

Concentration: 4 mg/mI