

Pediatric Pulse™

Competency Checklist



Facility: _____

Unit/Department: _____

Name/Title/ID#: _____

Ask an approved validator to perform your Competency Checklist and return form to your department manager.	Competent	Novice	Not Met
Interpersonal			
1. Explains procedure and rationale of use of equipment to patient and/or family and prepares patient for use of equipment			
2. Ensures that patient's privacy and dignity is maintained at all times			
Knowledge			
3. Explains purpose of pulsation therapy			
4. Explain how pulsation therapy works			
5. Locates manufacturer's contact number			
6. Locates Reference Label on pump			
Demonstration			
7. Demonstrates basic operations			
8. Demonstrates CPR release			
9. Adjusts settings of pump			
10. Demonstrates and sets Pulsate cycle time 3-20 minutes (per hospital protocol)			
11. Demonstrates Static (low air loss) mode			
12. Demonstrate Auto Firm (times out after 10 mins)			
13. Demonstrates lockout feature			
14. Demonstrates Firm and Soft modes to ensure correct immersion			
15. Uses minimal linen			

Rating:

- Competent – performs independently
- Novice* – performs with coaching
- Not met* – unable to perform

**action plan required – send to unit manager for followup*

Action Plan: _____

Validator's Signature: _____ **Date:** _____

Re-validation Signature (if needed): _____ **Date:** _____

