

CoughAssist

Competency checklist

Assessed: _____ Assessor: _____ Date: _____

Goals	Date goals met	Assessor		
Principles of operation				
1. Describe the intended use of the device <ul style="list-style-type: none"> <input type="checkbox"/> Designated patient populations <input type="checkbox"/> Describe contraindications 				
2. Explain the purpose of each: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <input type="checkbox"/> Manual/Auto <input type="checkbox"/> Inhale <input type="checkbox"/> Exhale <input type="checkbox"/> Pause <input type="checkbox"/> Power <input type="checkbox"/> Manual control lever </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <input type="checkbox"/> Pressure <input type="checkbox"/> Patient port <input type="checkbox"/> Inhale flow <input type="checkbox"/> Inhale pressure <input type="checkbox"/> Pressure gauge </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> Manual/Auto <input type="checkbox"/> Inhale <input type="checkbox"/> Exhale <input type="checkbox"/> Pause <input type="checkbox"/> Power <input type="checkbox"/> Manual control lever 	<ul style="list-style-type: none"> <input type="checkbox"/> Pressure <input type="checkbox"/> Patient port <input type="checkbox"/> Inhale flow <input type="checkbox"/> Inhale pressure <input type="checkbox"/> Pressure gauge 		
<ul style="list-style-type: none"> <input type="checkbox"/> Manual/Auto <input type="checkbox"/> Inhale <input type="checkbox"/> Exhale <input type="checkbox"/> Pause <input type="checkbox"/> Power <input type="checkbox"/> Manual control lever 	<ul style="list-style-type: none"> <input type="checkbox"/> Pressure <input type="checkbox"/> Patient port <input type="checkbox"/> Inhale flow <input type="checkbox"/> Inhale pressure <input type="checkbox"/> Pressure gauge 			
Set-up and operation				
1. Install the power cord right angle connector to the receptacle on the rear of the device.				
2. Assemble and connect the <ul style="list-style-type: none"> <input type="checkbox"/> Patient circuit <input type="checkbox"/> Bacteria filter <input type="checkbox"/> Tubing <input type="checkbox"/> Patient interface 				
3. Demonstrate how to set <ul style="list-style-type: none"> <input type="checkbox"/> Inhaled (positive) pressure <input type="checkbox"/> Exhaled (negative) pressure <input type="checkbox"/> Inhaled flow <input type="checkbox"/> Inhaled, exhaled, and pause time 				
4. Describe a typical treatment				
5. Review care, cleaning, and maintenance				

Assessed signature _____ Assessor signature _____

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CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

CD 2/7/11

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