

Ambulatory Spirometry	
Name:	Employee ID #:
Unit:	Title:
Due Date:	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3 and 4 have been scanned and emailed to: hs-cppn@ucdavis.edu	

Spirometry: EasyOne Air	Date	Verifier Initials
References: <ol style="list-style-type: none"> 1. UC Davis Health Pulmonary Services Policy: Pulmonary Function Testing (PFT): III-1 2. UC Davis Health Policy 507 Ambulatory Point of Care Testing 3. UC Davis Health Ambulatory Care- Scope of Practice 4. UC Davis Health Aerosol Transmissible Diseases Control Plan 5. https://nddmed.com/pulmonary-resources/live-training 6. https://nddmed.com/pulmonary-resources/videos 7. https://www.youtube.com/user/nddmed 		
Verify Orders in Epic		
Select Orders on laptop- "FVL", Select patient on laptop or search by Patient ID (MRN #)		
Complete patient information: Sex at birth, ethnicity- see map, DOB, Weight, Height		
Perform hand hygiene, don appropriate PPE, verify patient's identity by using at least 2 patient identifiers		
AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You)		
Accept patient on EasyOne Air device		
Insert Flow Tube correctly and attach filter correctly		
Instruct and demonstrate to patient how to perform an acceptable test with nose clips (Patient sit tall, feet on ground)		
Verify 3 reproducible tests on device that are good tests (Level A- E are acceptable), end test, select end, select home		
Verify quality on laptop Session Quality – "A, B, C, D, E" Close order to send results to epic		
Session Quality "F" – Do not close order, provider will need to order full PFT		
Exit out of program, logout, clean equipment, return to dock		
Recognizes test quality messages and can coach the patient accordingly		
Describe how to enter a patient into EasyOne Air when Epic is down.		
Describe how to identify good tests.		
Explains when to apply Aerosolized Generating Procedure standards and appropriate PPE		
Can recall and edit patient information		
Generate patient report: Direct print from device Syncing with EasyOne application		

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SIGNATURE PAGE:		
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:
I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	Signature:	Date:
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