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| Name: | PPS#: |
| **Unit:** | **Title:** |
| **PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.** | |
| **Method of Instruction** | **Preceptor Verification of Skill: Method of Evaluation** |
| **CP**=Clinical Practice  **D**=Demonstration | **N/A**=Not applicable to specific patient care area  **O**=Observation (in clinical setting) |
| **ES**=Education Session  **OM**=Online Module | **OT**=Online Test  **RD**=Return Demonstration |
| **P**=Policy/ Procedure Review  **SP**=Study Packet | **T**=Written Test  **V**=Verbal |
| These skills will be considered complete when all below performance criteria are completed. Scan Document and email to: cppn@ucdmc.ucdavis.edu | |

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| **References:** | **Method of Instruction:** Choose from above key | **Date** | **Initials of Preceptor or other verified personnel** | **Preceptor Validation of Skill: Method of Evaluation:** Choose from above key |
| 1. Staff must show the available bed features to aid in transferring patients. |  |  |  |  |
| 1. Demonstrate how and when to lock and unlock the wheels. |  |  |  |  |
| 1. Point out the following parts of the lift: Emergency lowering, battery light indicator, replacing the battery, and hand control. |  |  |  |  |
| 1. Verbalize knowledge of the weight capacity of the lift. |  |  |  |  |
| 1. Verbalize understanding of the patient population equipment used for. |  |  |  |  |
| 1. Inspect the sling loops and material. Position Golvo sling around the patient’s back so that it is located just above the base of the spine, position arms inside the sling, leg straps should be around legs. |  |  |  |  |
| 1. Ensure that the sling is attached at a clip that positions the patient snugly to the lift. |  |  |  |  |
| 1. Attach the clips on either side of the system. |  |  |  |  |
| 1. Using the remote control, raise the patient to a weightless position and transfer to chair or bed. |  |  |  |  |
| 1. Unhook the sling from side clips of the sling and remove sling and move lift away from them. |  |  |  |  |
| 1. **Patients will never be left unattended during transfers.** |  |  |  |  |
| 1. Demonstrate proper body mechanics with use of lift and sling placement/removal. |  |  |  |  |
| 1. Demo protective measures with 5 areas of body exposure. |  |  |  |  |
| 1. Verbalize proper sling care. |  |  |  |  |

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| **SIGNATURE PAGE:** | | |
| **Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:** | | |
| Initial: | Print Name: | Signature: |
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**PRECEPTEE STATEMENT AND SIGNATURE:**

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|  |  |
| **Printed Name** | Signature Date |

I have read and understand the appropriate UCDMC Patient Care Standards, Policies/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.