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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. Demonstrate how to lock and unlock the wheels & replace the batteries. Demo knowledge of the weight capacity of the lift. Verbalize understanding of the patient population equipment used for. |  |  |  |  |
| 1. Point out the following parts of the SARA Flex: Emergency lowering, battery light indicator, and hand control. |  |  |  |  |
| 1. Inspect the sling clips and buckles. Position SARA Flex sling around the patient’s back so that it is located just above the base of the spine, position arms outside the sling and fasten both of the double safety clips on the belt around the patient’s waist. |  |  |  |  |
| 1. Position SARA Flex in front of the patient, assist as needed in placing their feet up on the platform of the lift, knees touching the kneepad and have patient place hands on lifting arm. |  |  |  |  |
| 1. Fasten both of the leg support straps if added security is desired or needed. |  |  |  |  |
| 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. Lock both wheel brakes. |  |  |  |  |
| 1. Using the remote control, raise the patient to a standing position, unlock wheels and transfer to chair or bed. |  |  |  |  |
| 1. Unhook the sling from side clips, release both clips on the safety belt of the sling and remove sling. Remove patient’s feet from the lift and move lift away from them. |  |  |  |  |
| 1. Demonstrate proper body mechanics with use of lift and sling placement/removal. 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.