

**ZOLL R Series PLUS Competency Checklist #DAHS-NSCRSPPLUS17**

Page 1 of 2

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
<b>These skills will be considered complete when pages 1 and 2 are completed and scanned and emailed to <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a></b>	

References:	Date Completed (or N/A)	Verifier Initials
<a href="#">UC Davis Health Policy 6005: Automated External Defibrillator (AED-Zoll)</a>		
Completed the assigned ZOLL R Series PLUS Defibrillator tutorials in UC Learning		
<b>TEST MODE</b>		
Successfully demonstrates 30 Joule defibrillator test		
Can check and change paper		
<b>ADVISORY MODE</b>		
Turn dial to ON		
Tells everyone to stop CPR and stand clear		
Follows voice prompts and delivers shock if recommended		
<b>MANUAL MODE</b>		
Can turn on device and convert from AED to manual mode		
<b>CPR FEEDBACK</b>		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth		
Shows that if rate is too slow, metronome beeps and Rate prompt appears		
Speeds up to silence metronome and allow the Rate prompt to disappear		
Shows that if depth is too shallow, the Depth prompt appears on the screen		
Pushes hard to allow Depth prompt to disappear		
Demonstrates understanding of See-Thru CPR® filtered ECG		
<b>PADS</b>		
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable)		
Opens OneStep packaging correctly		
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion		
Identifies CPR Sensor and explains its purpose		

**ZOLL R Series PLUS Competency Checklist #DAHS-NSCRSPLUS17**  
Page 2 of 2

<b>Name:</b>	<b>PPS#:</b>
<b>Unit:</b>	<b>Title:</b>

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 pages 1 and 2 are completed and scanned and emailed to [hs-cppn@ucdavis.edu](mailto:hs-cppn@ucdavis.edu)**

<b>SUPERUSER/TRAINER</b>	<b>Date Completed (or N/A)</b>	<b>Verifier Initials</b>
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.)		
Understands how to change parameter settings (NIBP, EtCO2, SpO2)		
Understands purpose of Code Marker		
Can access data from the code (Print Chart, Print Log, or Transfer Data)		
User demonstrates sufficient understanding of device to train other users in its use		

**Preceptor Signature: Signature and Printed Name of 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/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.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>