

Outpatient Pre-op/PACU Skills (Perioperative Services)	
Name:	Employee ID #:
Unit:	Title:
Due Date:	
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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Adult Respiratory Assessment	DAHS-NSCARA14		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT15		
Blood Draws Skills Check: Performs per UC Davis Health Policies 13001 Vascular Access Policy (Adult/Pediatric) , 13002 Vascular Access Policy (Neonatal) , and 13029 Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Cervical Collar : Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Chest Tube Skills: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCT13		
Children’s Hospital Developmental Pediatric Coping Skills	DAHS-NSCCHDPC14		
Children’s Hospital MDI with Spacer Skills Checklist	DAHS-NSCCHMDIS14		
Children’s Hospital Pediatric IV and Fluid Management and Support Skills Checklist	DAHS-NSCCHPIVFM14		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Fluid Resuscitation	DAHS-NSCFR14		
Gastrostomy Tube Performs per Clinical Policies 8011, Enteral Nutrition for Adult Patients , and 4055, Medication Administration	DAHS-NSCGT14		
Implanted Venous Port Care and Maintenance: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCIVPCM		
Intravesical Chemotherapeutic Agent Drainage (PACU)	DAHS-NSCICADPACU		
Laryngectomy Care Skills: Performs per UC Davis Health Policy 17003, Airway Management for Adult Inpatients	DAHS-NSCLC15		

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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		
Management of Hazardous Drug Waste and Spills : Performs per UC Davis Health Policy 1623 Management of Hazardous Drug Waste and Spills	DAHS-NSCMHDWS		
MDI with Spacer	DAHS-NSCMDIS14		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Pediatric Falls Assessment Using the Cummings Scale	DAHS-NSCHPFACS12		
Peripheral Nerve Block	DAHS-NSCPNB24		
Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit	DAHS-NSCRPAPPACU		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Temporal Scanner	DAHS-NSCTS17		
Tracheostomy Care : Performs per UC Davis Health Policy 17003, Airway Management for Adult Patients , and Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCTC15		
Using the Clipper	DAHS-NSCUTC17		
Wound VAC (Vacuum Assisted Closure) Therapy : Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		
Zoll R Series ALS	DAHS-NSCRSALS17		

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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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Adult Respiratory Assessment #DAHS-NSCARA14	Date	Verifier Initials
Note type of oxygen delivery system, method of airway management and/or mode of ventilation.		
Make general observation of patient's overall status.		
Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.		
Observe for color and pallor of skin and mucous membranes.		
Observe for color, quantity, odor and consistency of secretions.		
Observe position of trachea.		
Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO ₂ levels when appropriate.		
Describe/demonstrate method for contacting respiratory therapy.		
Have available in the patient's room, and know how to use, necessary respiratory equipment.		
Locate/describe emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

Basic Dysrhythmia Detection and Treatment #DAHS-NSCBDDT15	Date	Verifier Initials
References:		
1. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 2007.		
2. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placement		
3. Elsevier Nursing Consult - Clinical Updates CE: Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias		
Passing the ECG Interpretation Assessment satisfies this skill checklist.		
Describe the electrical conduction system of the heart.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		

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Basic Dysrhythmia Detection and Treatment Continued	Date	Verifier Initials
Identify supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		
Identify Torsade de pointes and discuss the causes/treatments.		
Identify life-threatening dysrhythmias and discuss the causes/treatments.		
Identify heart blocks and discuss the causes/treatments.		

Cardiac Pain Assessment & Management #DAHS-NSCCPAM14	Date	Verifier Initials
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manual, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011. 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier. 4. JCAHO Core Measures 2011 5. Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients		
Assess the chest pain to determine if it is cardiac ischemic in origin. Utilize the 0-10 pain scale and the PQRST scale.		
Diagnostics and Interventions: <ul style="list-style-type: none"> Place patient on cardiac, pulse oximetry and automatic BP monitor. Obtain/review 12-lead ECG during chest pain episode. Assess for signs of hypoxemia; administer oxygen therapy as indicated. Establish IV and draw and review cardiac labs.		
Administer medications as ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

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Children's Hospital Developmental Pediatric Coping Skills Checklist #DAHS-NSCCHDPC14	Date	Verifier Initials
References: 1. PLS: Age Specific Care of Infants 2. PLS: Age Specific Care of Toddlers 3. PLS: Age Specific Care of Preschoolers 4. PLS: Age Specific Care of School Age 5. PLS: Age Specific Care of Adolescents 6. PLS: Developmental Care of the Newborn 7. PLS: Family Centered Care in the ICU		
Assesses the child's and family's coping and makes referrals as needed.		
Involves parents or caregiver in care.		
Implements developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization. <ul style="list-style-type: none"> • Infant • Toddler • Preschool • School-age Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 2. Elsevier: Medication Administration: Nebulizer (Pediatrics)		
Demonstrates knowledge of how the Pharmacy is notified for MDI.		
Verbalizes how to administer MDI with Spacer correctly.		
Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient's pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.		
Verbalizes when to notify Respiratory Therapy or Pharmacy.		
Demonstrates documentation of teaching.		

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Children's Hospital Pediatric IV and Fluid Management and Support Skills #DAHS-NSCCHPIVFM14	Date	Verifier Initials
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. PLS: Pediatric Peripheral IV care and Management 3. PLS Management of PIV complications in the pediatric patient 4. PLS: Fluid & Electrolytes Imbalance: Dehydration 5. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 6. PLS: Fluid & Electrolytes: Physiological Differences 7. PLS: Fluid & Electrolytes: Replacement Therapy 8. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift		
Implements developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. <ul style="list-style-type: none"> • General pediatrics • Infant • Toddler • Preschool • School-age • Adolescent 		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. Elsevier Skills <ul style="list-style-type: none"> • Capnometry and Capnography • End-Tidal Carbon Dioxide Measurement: Continuous Monitoring 		
Elsevier Skills for reference only		
If the patient was not intubated, applied the ET _{CO₂} -nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

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Epidural Catheter Care and Maintenance #DAHS-NSCECCM14	Date	Verifier Initials
References:		
1. American Society for Pain Management Nursing (ASPMN). 2007. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques. Lenexa, KS: American Society for Pain Management Nursing (ASPMN).		
Pre-Insertion		
Describe the epidural space		
State contraindications of placing an epidural		
Specify equipment that should be assembled at bedside by nursing staff		
PATIENT ASSESSMENT		
Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression		
Demonstrate sensory level and motor block assessments and state frequency.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately		
CATHETER REMOVAL		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal		
Describe procedure for removal of catheter		
DOCUMENTATION		
List specific monitoring/documentation requirements for:		
- Insertion of catheter or after boluses or infusion rate change		
- Epidurals with opioids		
- Local anesthetics		
- Pediatrics		
- Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

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Fluid Resuscitation #DAHS-NSCFR14	Date	Verifier Initials
References: 1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008 2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007		
Assess for signs/symptoms of hypovolemia.		
Notify charge nurse and MD of evidence of hypovolemia.		
Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)		
Obtain and review any additional hemodynamic, lab, and diagnostic assessments.		

Intravesical Chemotherapeutic Agent Drainage Checklist #DAHS-NSCICADPACU	Date	Verifier Initials
References: 1. UC Davis Health Policy 10003: Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents 2. UC Davis Health Policy 9005: Bladder Irrigation 3. UC Davis Health Policy 10001: Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		
Identify common agents seen in PACU.		
Explain procedure to patient.		
Reposition patient per orders.		
Don chemo rated protective personal equipment (PPE) prior to draining bladder after ordered dwell time.		
Drain chemotherapy/urine by removing clamp(s) and irrigate if ordered.		
Don chemo rated PPE to discontinue urinary catheter or change to clean drainage bag if catheter to remain in place.		
Utilize Hazardous Waste (bulk chemo) bin.		
Manage spills per Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		

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Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Review UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Completion of e-module Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse with a post test score of at least 80% # DAHS-NSCLFIUA22		
Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

Lidocaine Skin Anesthetic Needle Free Injection #DAHS-NSCLSANFI22	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse		
Review UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse		
Completion of e-module Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse with a post test score of at least 80% #DAHS-NGNLFUIUA22		
Demonstrate one supervised lidocaine injection using the needle free injector device in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

MDI with Spacer #DAHS-NSCMDIS14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
Demonstrate knowledge of how the Pharmacy is notified for MDI.		
Verbalize how to administer MDI with Spacer correctly.		
Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient's pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.		
Verbalize when to notify Respiratory Therapy or Pharmacy.		
Demonstrate documentation of teaching.		

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Obtaining a 12-Lead ECG #DAHS-NSCOLE14	Date	Verifier Initials
References:		
1. Structure Standards: Critical Care, Telemetry, Maternal Child Health		
2. GE Marquette Resting ECG Analysis System Operator's Manual		
Demonstrate use of 12-lead ECG available in area.		
Place patient supine and provide for patient privacy.		
Enter patient data prior to obtaining 12-lead ECG.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

Pediatric Falls Assessment Using the Cummings Scale # DAHS-NSCPFACS12	Date	Verifier Initials
Completes Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assesses fall score and implement appropriate clinical practice guideline and patient safety measures		

Peripheral Nerve Block #DAHS-NSCPNB24	Date	Verifier Initials
References:		
1. Peripheral Nerve Block UC Davis Health Policy 13052		
Performs care per UC Davis Health Policy 13052 : Peripheral Nerve Block		

Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit #DAHS-NSCRAPPACU	Date	Verifier Initials
References:		
1. Recovery of the General Anesthesia and Monitored Anesthesia Patient Policy		
2. PACU Documentation Audit Tool		
3. ASPAN Structure Standards		
Perform rapid assessment and place on monitor on arrival to unit		
Demonstrates receiving complete handoff from OR team		
Perform and document vital signs q15 minutes x 6, q30 minutes and q60 minutes until sign-out		
Complete full assessment on arrival, then every 60 minutes, as well as focused assessment as needed/ordered		
Assess and manage pain, discuss pharmacological and non-pharmacological options		
Assess and manage post-operative nausea and vomiting, discuss pharmacological and non-pharmacological options		

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Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit #DAHS-NSCRPAPPACU continued	Date	Verifier Initials
Use Aldrete (ambulatory/med surg) and RASS (ICU) scales (adult) and SBS (pediatric)		
Assesses readiness/discuss criteria for sign-out		
Demonstrates transfer to floor		
Demonstrates discharge to home		
Document assessment and discharge/transfer notes, as well as focus note when needed		
Consider pediatric specific factors		

Respiratory Emergencies and Equipment #DAHS-NSCREE14	Date	Verifier Initials
References:		
<ol style="list-style-type: none"> UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) Textbook of Advanced Cardiac Life Support, 2006 UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults Wells and Murphy, Manual of Emergency Airway Management, 2004 		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O ₂ flow meter; identify types of patients likely in need of O ₂ administration.		
Describe use of and demonstrates proficiency in use of O ₂ equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for never turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

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Temporal Scanner #DAHS-NSCTS17	Date	Verifier Initials
References:		
1. Exergen Virtual classroom training video		
View Exergen Virtual classroom training video		
Recognize proper equipment is in working order.		
Demonstrate use of temporal scanner.		
Proper cleaning of scanner after use.		
Document in EMR.		

Using the Clipper #DAHS-NSCUTC17	Date	Verifier Initials
References:		
Describes the indications and contraindications for clipper use		
Assesses patient's skin prior to clipping for skin tags, warts, moles or other skin anomalies.		
States the most common complications encountered during clipper use and the nursing interventions required.		
Demonstrates proper use of the clipper which includes cleaning and storage of the clipper.		

Zoll R Series ALS # DAHS-NSCRSALS17	Date	Verifier Initials
Completed the assigned ZOLL R Series ALS Defibrillator Online Modules in UC Learning.		
TEST MODE		
Successfully demonstrates 30 Joule defibrillator test.		
Can check and change paper.		
AED/MANUAL MODE		
Can turn on device and convert from AED to manual mode.		
MONITOR MODE		
Applies 3-lead or 12-lead ECG.		
Locates Recorder key and prints a strip.		
Access HR menu and demonstrate how to change settings.		

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Zoll R Series ALS # DAHS-NSCRSALS17 continued	Date	Verifier Initials
Locate NIBP soft key and activate manual BP measurement.		
Access NIBP menu and verbalize options.		
Demonstrate how to change NIBP alarm settings.		
Change NIBP mode from Manual to Automatic.		
Change Automatic mode intervals.		
Access SpO ₂ menu and verbalize options.		
Access CO ₂ menu and verbalize options.		
MANUAL DEFIBRILLATION		
Locates multifunction cable.		
Confirms shockable rhythm.		
Selects defibrillator mode (red).		
Presses Energy Select or Charge button.		
Tells everyone to stand clear.		
Delivers shock at desired energy level.		
Defines and adjusts energy levels for Adults (120,150, 200J) and Pediatrics (2-4J/kg).		
CPR FEEDBACK		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.		
Shows that if rate is too slow, metronome beeps and <u>Rate</u> prompt appears.		
Speeds up to silence metronome and allow the <u>Rate</u> prompt to disappear.		
Shows that if depth is too shallow, the <u>Depth</u> prompt appears on the screen.		
Pushes hard to allow <u>Depth</u> prompt to disappear.		
Demonstrates understanding of See-Thru CPR® filtered ECG.		
SYNCHRONIZED CARDIOVERSION		
Puts device into SYNC mode.		
Selects desired energy.		

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Zoll R Series ALS # DAHS-NSCRSALS17, continued	Date	Verifier Initials
Presses charge button.		
Tells everyone to stand clear.		
Delivers synchronized shock.		
States and demonstrates that SYNC must be activated for each and every synchronous cardioversion.		
PACING		
Turns up pacing output (mA) until capture is achieved – identifies capture.		
Adjusts pace rate.		
Understands pausing for visualizing patients underlying rhythm.		
PADS		
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.		
INTERNAL PADDLES		
Understands how to connect internal paddles to OneStep™ cable.		
Selects defibrillator mode (red).		
Understands 10J default energy level with range of 1 to 50 Joules.		
SUPERUSER/TRAINER		
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).		
Understands how to change parameter settings (NIBP, EtCO ₂ , SpO ₂).		
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.		