CADD®-Solis Ambulatory Infusion Pump Skills Training Checklist for Healthcare Personnel

1. DISCUSS INDICATIONS FOR USE

2. PUMP DESCRIPTION AND BASIC OPERATION
   - Pump tour
     - Battery compartment
     - Indicator lights
     - AC/USB/Remote dose cord jacks
     - Power button
     - Latch/lock
     - Air detector
   - Pump screens
     - Home screen
     - Status bar
     - Soft key bar
     - Menu screen
     - Protocol title bar
     - Blue help text
   - Basic tasks
     - Power pump on/off
     - Battery operations
     - Latch open/close
     - Bag/reservoir change
     - Tubing change
     - Reset reservoir volume
     - Stop/start infusion
   - Security codes (3 levels)

3. PUMP PROGRAMMING
   - Programming
     - Start new patient
     - Start new protocol/new patient
   - Review Intermittent Bolus parameters (if applicable)

   Note: When a new library has been sent to the pump, the new library will go into effect the next time the pump is programmed with a new protocol.

4. EDIT/VIEW CURRENT PUMP PROGRAMMING
   - Edit delivery settings
   - Review/Accept edits to delivery settings (press Start to prompt the Review Settings screen)

5. PUMP TASKS
   - Give Clinician Bolus
   - Prime tubing
   - Set Time and Date
   - Adjust Backlight Intensity
   - Adjust Alarm volume
   - View Reports
   - Turn Wireless On/Off (Available with v4 pump)
   - Adjust Admin Settings

6. ALARMS
   - Describe differences between alarm priorities
   - Differentiate between “acknowledge” and “silence”
   - Identify and resolve alarm conditions
   - Alarm help screens

7. REPORTS
   View and/or clear reports, as applicable:
   - Intermittent Bolus Status
   - Given and PCA/PCEA Dose Counters
   - PCA/PCEA Dose Graph
   - Intermittent Bolus Graph
   - Delivery History and Pie Chart
   - Current Profile/Protocol (Available with v4 pump)
   - Delivery Log
   - Event Log
   - Daylight Saving Time (Available with v4 pump)
   - Protocol Library Summary
   - Wireless Status (Available with v4 pump)
   - Wireless Settings (Available with v4 pump)
   - Device Information

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Participant (please print): ______________________________________________________________________________________________________

Signature: __________________________________________________________________________ Date: _________________________________

Instructor signature: __________________________________________________________________________________________________________

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