

NPT4™

Competency Checklist

Facility: _____

Unit/Department: _____

Name/Title/ID#: _____



Ask an approved validator to perform your Competency Checklist and return form to your department manager.	Competent	Novice	Not Met
Interpersonal			
1. Explains rationale of equipment use to patient and/or family			
2. Ensures that patient's privacy and dignity is maintained at all times			
Knowledge			
3. States benefits of pressure redistribution foam mattress			
4. States that mattress provides alternating pressure when pump is on			
5. States benefits of copper-infused, temperature-sensitive gel foam			
6. States benefits of MAP (Mattress Asset Protection) Liner™			
7. States function of breathable polycarbonate top cover and 3D mesh fabric to manage microclimate			
Demonstration			
8. Explains benefits of mattress to patient and/or family			
9. Explains proper use of linen			
10. Explains use of Pump: — Explains indications for pump (alternation and microclimate management) — Explains why pump must be powered on when attached to mattress — Demonstrates manual pressure adjustment (firm/soft for patient comfort)			

Rating:

- Competent – performs independently
- Novice* – performs with coaching
- Not met* – unable to perform

** action plan required - send to unit manager for follow-up*

Action Plan: _____

Validator's Signature: _____ **Date:** _____

Re-validation Signature (if needed): _____ **Date:** _____