

Platinum 6000™

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 procedure and rationale of equipment use to patient and/or family and prepares patient for equipment			
2. Ensures that patient's privacy and dignity is maintained at all times			
Knowledge			
3. Explains purpose and function of alternation therapy			
4. Locates manufacturer's contact number			
5. Explains purpose and function of immersion therapy			
6. Locates Quick Reference Guide			
Demonstration			
7. Demonstrates basic operations			
8. Demonstrates Quick Deflation/CPR functions (both pump and mattress valve if applicable)			
9. Adjusts pump settings: — Demonstrates Alternation mode — Demonstrates Immersion mode — Demonstrates Microclimate Management on/off — Demonstrates Autofirm — Adjusts patient height/weight entry — Demonstrates manual pressure adjustment — Demonstrates how to use pump/mattress in transport mode — Uses minimal linen			

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:** _____