

Name: _____ Title: _____ Date: _____ Unit: _____

Instructions: Make sure skills are checked off on unit and signed off

Skill	Objectives	Signature
<p>Alaris Pumps *Return demo</p>	<p>Demonstrate proper use and set up of Alaris pump</p>	
<p>Restraints *Return Demonstration</p>	<p>Demonstrate documentation of restraint application and q2 hr checks</p>	
<p>PCA</p>	<p>Verify completion of PCA module and test Grade _____</p>	
	<p>Demonstrate: Completion of checklist according to unit needs</p>	

Signature of Traveler: _____

Signature of Unit preceptor/educator _____

Rev 2/19/16 JH

Rev 4/28/17 JH