



West Los Angeles Education & Consulting Department

Alaris IV Pump Module

Initial Training Checklist – _____ through _____

These tasks serve as verification of initial hands-on training for the Alaris IV Pump

Name _____ Unit _____ Date _____

Table with 3 columns: Employees Initials, TASK, RN Validator's Initials. Rows include sections like 'Loading the Alaris Pump module Administration Set', 'Infusion Sets with SmartSite Needle-Free Valves', 'Basic Programming with "Guardrails" Safety Software', and 'Additional Features'.

I, the undersigned, verify that I have completed and understand the tasks described above.

Participant's Signature _____

Employee Number: _____ NUID Number: _____

RN Validator's Name (Print) _____

RN Validator's Signature _____

Participant successfully programmed pump independently: Y/N _____

Remediation is necessary because participant was unable to perform skills #(s) _____ on this evaluation. (see reverse for list of minimum qualifying skills for this competency)

Comments: _____



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Name _____ Unit _____ Date _____

Manager's Name _____ Notified: Y/N _____

Minimal qualifying skills competency

Alaris IV Infusion Pump Training

1. After repeated tries the participant was not able to correctly program the infusion pump
2. Participant bypassed a Soft Guardrail and did not recognize the significance of the action.
3. Participant was not able to verbalize what a Soft Guardrail is
4. Participant cannot correctly turn the pump on or off

end