



*Southern Alberta Renal Program*

## Post- Training Checklist

Initial Installation Date: \_\_\_\_\_

Changes to install Date: \_\_\_\_\_ Team notification sent: \_\_\_\_\_

Changes to install Date: \_\_\_\_\_ Team notification sent: \_\_\_\_\_

Changes to install Date: \_\_\_\_\_ Team notification sent: \_\_\_\_\_

Challenges to install:

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Plan for challenges to install:

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First Home Run Date: \_\_\_\_\_

<b>Objective/Activity</b>		<b>Initiated (Date/Initial)</b>	<b>Completed (Date/Initial)</b>	<b>Comments or *See Progress Notes</b>
<b>Technician</b>	Home inspection – CWT, Electrical			
	Machine Inspection			
	Parameters:  1. Reviewed with Training Nurse 2. Inputted into machine			
	Equipment provided to patient:  -Centrifuge  -Conductivity Meter  -Dialysis Wands  -B/P Cuff			
	Microbiology sample sent			
	Charge nurse notified that we are ok to proceed with first home visit.			

<b>Objective/Activity</b>		<b>Initiated (Date/Initial)</b>	<b>Completed (Date/Initial)</b>	<b>Comments or *See Progress Notes</b>
<b>Nursing</b>	Complete Checklist on First home visit.  -Cell Phone/Landline Availability  -Flashlight within reach  -Unit contact numbers available  -On call nurse numbers Visible  -Education Binder available  -Procedure Binder Available  -Delivery Schedule and supply contact numbers available  - Wet sensors used (Correct Placement)  -Enuresis monitor used  - Technique concerns  -Notify unit/Tech that first home run successful.			
	Weekly Blood Work:  - Monitor Weekly Blood Work - Stop Weekly Blood work			

<b>Objective/Activity</b>		<b>Initiated (Date/Initial)</b>	<b>Completed (Date/Initial)</b>	<b>Comments or *See Progress Notes</b>
<b>Unit Clerk</b>	Record Centrifuge serial Number			
	Post Training Survey: -Training Completion Survey -1 Month Survey -6 Month Survey			
	Book Appointments for QCV and medications.			
<b>Objective/Activity</b>		<b>Initiated (Date/Initial)</b>	<b>Completed (Date/Initial)</b>	<b>Comments or *See Progress Notes</b>
<b>Nursing Attendant</b>	Clean training cart.			