

PATIENT ASSESSMENT CHECKLIST FOR HOME INOTROPES

Date:

Identified responsible guardian/caretaker:

PATIENT'S INFORMATION (Please Stick Label)

No.	Assessment Criteria	Rating Scale* (I,S,A,M,D)						
		Dependent (D) -Education	Marginal (M) - Direct supervision	Assisted (A) - Minimal supervision	Supervised (S) -Capable to perform but further improvement	Independent (I) - Competent	Remarks	Approved & competent (Achieved Level 5)
	LEVEL	1	2	3	4	5		
1	Prepare medication							
	- Correct drug, diluent, dose and amount dilution							
	- Maintain "Clean but Not Sterile" technique during preparation							
	- Ensure connection is secure and the air is expelled							
2	Handling syringe driver							
	- Be able to fix correctly the prepared syringe into the syringe driver							
	- Knowing the correct rate							
	- Explained and understood on the: a) operation of the syringe driver b) alarm indicator c) care & maintenance d) battery replacement e) Action to take if having trouble							
	-Return of syringe driver once not in use - To return direct to ward A2Z2							
3	Care of line							
	-Emphaiszed on the important of hand hygiene pre and post procedure							
	- Able to identified sign & symptom of infection							
	- Aware on the exact length of catheter (Indicator of malposition of the catheter)							
	- Given advised and understood where to go if experienced any one of the issue above.							
	Assessor's Signature & Name:							
	Date:							
	Time:							

Verified by (Signature & Name) :
Date :
Time :

COMPETENCY PERFORMANCE EVALUATION TOOL-RATING SCALE					
Independent (I)	Competent, confident to implement the procedure				
Supervised (S)	Competent & confident but occasionally needs a guidance				
Assisted (A)	Able to perform but still not confident & requires minimal supervision				
Marginal (M)	Not effective and requires direct supervision				
Dependent (D)	Attended education and handover and understood in commencing				

Effective Date: 08 October 2019