

PAP Training Certificate

<u>Patient Name</u>	fbjn mfbsmfb nmsb	DOB:	31-Aug-2016
<u>Person Trained</u>	<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Other		jkhjh
<u>Equipment</u>	<input type="checkbox"/> CPAP <input type="checkbox"/> Bi-Level PAP <input checked="" type="checkbox"/> Auto PAP <input type="checkbox"/> Humidifier <input checked="" type="checkbox"/> Other <u>qwerty</u>		
<u>Prescribed Therapy</u>	45445 cm H2O 45445 cm HO2 IPAP 45445 cm HO2 EPAP Back up Rate 78 Heated / Cool Humidity		

Goal:

At the end of this training, the patient/caregiver will be able to:

1. Operate the PAP device safely as prescribed
2. understand the follow-up schedule to be maintained throughout the duration of time the device is in use
3. Ensure that the patient/caregiver understands the instructions and feels comfortable operating the device according to the physician's order.

OBJECTIVE: To demonstrate an understanding of...

<ul style="list-style-type: none"> • <u>Sleep apnea and the airway</u> • <u>Review sleep study if needed</u> • <u>How PAP treatment works</u> • <u>How PAP treatment works</u> • <u>Blower unit placement, controls</u> • <u>Assembly</u> • <u>Interface</u> • <u>Application</u> • <u>Disconnect</u> • <u>Leak awareness, interface adjustment</u> • <u>Humidifier</u> • <u>Assembly</u> • <u>Placement, temperature control</u> 	<ul style="list-style-type: none"> • <u>Cleaning and maintenance</u> • <u>Interface, humidifier chamber and filter</u> • <u>Filter and chamber replacement</u> • <u>Annual maintenance</u> • <u>Observe patient / caregiver perform the following:</u> • <u>Interface application / removal</u> • <u>Equipment / circuit set up</u> • <u>Machine(s) operation – on/off switch, ramp button</u> • <u>Filter(s) location and replacement</u> • <u>Explain how to clean: interface, humidifier chamber, tubing, filter</u>
--	---

SAFETY INFORMATION:

<ul style="list-style-type: none"> • <u>Explain importance of following prescribed orders</u> • <u>Explain importance of cleaning & changing supplies</u> • <u>Review PAP Therapy Manual for troubleshooting solutions</u> 	<ul style="list-style-type: none"> • <u>Explain manufacturer's electrical safety suggestions</u> • <u>Explain PAP specialist follow-up schedule, make patient aware of how to contact GNM</u> • <u>Equipment Return Policy given</u> • <u>Travel safety (carryon luggage, no H2O in chamber)</u>
---	--

I agree to the fact that full training in the application and operation of the PAP device & return demonstration was provided.

Trainer's Signature: _____ Date: _____

Patient/Caregiver Signature: _____ Date: _____