

IPV®-1C Therapy: Competency Checklist

This form is a self-assessment tool. The practitioner should be able to discuss the rationale for each of the actions and demonstrate competency in the practical applications of these skills as applicable.

Practitioner Name:		Date:
Department:		
Medical Device: IPV®-1C with Phasitron		
IPV Therapy Achieved		
1.	Describe the three ways IPV therapy can help to restore gas exchange capacity	
2.	List the patient age groups that are approved for IPV therapy.	
3.	List two absolute contraindications for IPV therapy.	
4.	List at least three expected clinical benefits of using IPV therapy.	
IPV®-1C Device: Overview		
5.	Disassemble Phasitron and identify the main components and functions: Sliding Venturi, Exhalation Port, Entrainment Port, Nebulizer Cup.	
6.	Locate the Master Switch and describe function.	
7.	Locate the Percussion knob and describe function, as well as the difference between faster (easy) and slower (hard) frequencies.	
8.	Locate Operational Pressure knob and describe function.	
9.	Locate Digital Display and correctly identify values in Active Mode.	



Preparing for Patient-Airway Connection 10. Describe or demonstrate how to assemble and connect Phasitron and connect to the IPV $^{\circ}$ -1C. 11. Identify the approved type and volume of solution/medication for nebulization. 12. Identify the initial knob settings prior to patient connection. **13.** Describe important pre-treatment patient assessments performed prior to IPV therapy...... **Delivering Therapy 14.** List steps to perform effective IPV therapy. 15. Describe clinical assessments needed to determine if the settings are appropriate for the patient...... **16.** List possible situations or side effects to watch for during therapy. 17 Describe how to teach patients to effectively receive IPV therapy through a mouthpiece or mask...... **Troubleshooting** 19. Describe workflow if the Digital Display does not provide values after turning on the device...... **20.** Explain workflow if the nebulizer is not functioning properly. **21.** Describe workflow if the device is not delivering percussions or the frequency is too slow......

Date _____

Date



Practitioner Signature

Trainer Signature