

DRAWOVER VAPORIZER COMPETENCIES AND TRAINING CHECKLIST

(The below must be completed prior to using Drawover in the operating room setting)

- | | Initials | Date |
|--|----------|-------|
| 1. Trainee has received the lecture material and video on drawover vaporization. | _____ | _____ |
| 2. Trainee has demonstrated 100 percent competency in the standard field setup of the drawover vaporizer as per instructional video and didactic materials. | _____ | _____ |
| 3. Trainee has demonstrated 100 percent competency in the operating room (OR) setup of the drawover vaporizer per the universal portable anesthesia complete (UPAC) manual prescribed setup and standard operating procedures (SOP). | _____ | _____ |
| 4. Trainee has completed the drawover vaporizer written test with 80 percent or greater of the questions correct. | _____ | _____ |

Note: Once all the above competencies and training have been met and signed off by qualified staff, that individual is determined to be competent to perform cases in the operating room under direct supervision.

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|--|-------|-------|
| 5. Trainee has completed 10 operating room cases under direct supervision. | _____ | _____ |
|--|-------|-------|

Note: After 10 cases have been completed under direct supervision without any evidence of the need for training remediation, the individual will determined to be competent to perform general anesthetics utilizing a drawover vaporizer per departmental SOP.

_____ Trainee is a Resident or Student Registered Nurse Anesthetist and is qualified in the use of the drawover anesthesia machine.

_____ Trainee is a Staff Anesthesiologist or Certified Registered Nurse Anesthetist and is qualified in the use and training of the drawover anesthesia machine.

Head, Anesthesiology/Date

*Copy to be retained in training record