



Caregiver competency checklist

Patient name: _____ Caregiver name: _____

Goals	Date goals met	Trainer
The caregiver will be able to:		
1. Understand basic indication for AIRVO usage.		
2. Review safety Information.		
3. Explain AIRVO system components. <ul style="list-style-type: none"> <input type="checkbox"/> AIRVO <input type="checkbox"/> Heated breathing tube <input type="checkbox"/> Water chamber <input type="checkbox"/> Patient interface 		
4. Explain the buttons, indicators, and connectors on the front, rear, and side of the AIRVO. <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Display <li style="width: 50%;"><input type="checkbox"/> Filter/Filter Cover <li style="width: 50%;"><input type="checkbox"/> Power Button <li style="width: 50%;"><input type="checkbox"/> Power Cord <li style="width: 50%;"><input type="checkbox"/> Alarm Silence Button <li style="width: 50%;"><input type="checkbox"/> Heater Plate <li style="width: 50%;"><input type="checkbox"/> UP/DOWN Button <li style="width: 50%;"><input type="checkbox"/> Heated Breathing Tube Port <li style="width: 50%;"><input type="checkbox"/> Mode Button <li style="width: 50%;"><input type="checkbox"/> Oxygen supply connection 		
5. Attach O2 source and discuss O2 safety.		
6. Assemble and connect: <ul style="list-style-type: none"> <input type="checkbox"/> Heated breathing tube <input type="checkbox"/> Oxygen supply hose <input type="checkbox"/> Patient interface <input type="checkbox"/> Water chamber 		
7. Turn AIRVO on and off.		



Goals	Date goals met	Trainer
The caregiver will be able to:		
8. Navigate the menu screens. Configure target settings: <input type="checkbox"/> Dew-Point Temperature <input type="checkbox"/> Target Flow <input type="checkbox"/> Oxygen		
9. Locate and explain alarm messages and alarm indicators (audio and visual). <input type="checkbox"/> Explain the audio pause feature <input type="checkbox"/> Explain what to do when an alarm occurs		
10. Review care, cleaning, and maintenance of AIRVO and accessories.		
11. Review emergency procedures.		

Caregiver signature _____ Technician signature _____

