

HCP TRAINING & COMPETENCY RECORD FREEGO ENTERAL FEEDING PUMP

INFORMATION

Name		Title / grade	
Trust / PCT		Ward / dept	Date of training

You should not use this equipment unless you are competent to do so. Please use this form to record your training and self assessment of competency. If you are unable to record that you are competent in any of the areas listed below, please inform your manager and request further training.

T=TRAINED PLEASE TICK AS APPROPRIATE

PREPARING THE FEED/PUMP/PATIENT	T
Hygiene	<input type="checkbox"/>
Storing the feed	<input type="checkbox"/>
Feed / set hanging times	<input type="checkbox"/>
Checking the feed	<input type="checkbox"/>
Checking the pump	<input type="checkbox"/>
Attaching the pump to the stand	<input type="checkbox"/>
Position of the patient for feeding	<input type="checkbox"/>
Confirm position of the feeding tube	<input type="checkbox"/>
Flushing the feeding tube	<input type="checkbox"/>

SETTING UP THE FEED	T
Shaking the feed	<input type="checkbox"/>
Priming the giving set manually	<input type="checkbox"/>
Priming the giving set automatically	<input type="checkbox"/>
Attaching the set to the pump	<input type="checkbox"/>
Attaching the set to the patient	<input type="checkbox"/>

USING THE FEEDING PUMP	T
Setting the feeding rate	<input type="checkbox"/>
Setting the dose (where applicable)	<input type="checkbox"/>
Run / stop feeding	<input type="checkbox"/>
Hold feature	<input type="checkbox"/>
Empty / changing the bottle	<input type="checkbox"/>
Checking volume fed	<input type="checkbox"/>
Clearing volume / dose fed (where applicable)	<input type="checkbox"/>
Lock feature	<input type="checkbox"/>
Adjusting the alarm volume and display light	<input type="checkbox"/>
Inserting pump into backpack for ambulatory use	<input type="checkbox"/>

TROUBLESHOOTING	T
OCCL – INTO PUMP	<input type="checkbox"/>
OCCL – OUT OF PUMP	<input type="checkbox"/>
ATTN – PUMP ON HOLD	<input type="checkbox"/>
BATT – LOW BATTERY	<input type="checkbox"/>
BATT – BATT EMPTY	<input type="checkbox"/>
DOOR – OPEN	<input type="checkbox"/>
NO – CASSETTE	<input type="checkbox"/>
LOCK – PUMP LOCKED	<input type="checkbox"/>
FEED – EMPTY	<input type="checkbox"/>
DOSE – DONE	<input type="checkbox"/>
ER## – SYSTEM FAIL	<input type="checkbox"/>

MAINTAINING THE PUMP	T
Charging the battery / charge times	<input type="checkbox"/>
Cleaning the pump	<input type="checkbox"/>
Servicing the pump	<input type="checkbox"/>

HEALTH CARE PROFESSIONAL DECLARATION	
I am aware of my responsibility for continuing professional development. I state that I have received training and I am competent to use this device in all of the areas above	
Signed	
Printed name	
Date	
TRAINING PROVIDED BY	
Printed name	
Job title	
Date	