

Client's Name: PHIN: Resource Coordinator: Office Location:

HOME CARE ATTENDANT ASSIGNMENT TASK TRAINING RECORD -Intermittent Pneumatic Compression

HCA Name: _

Date Trained:

Date Trained:				
Steps to review w	ith Home Care Attendant	Met	Not Met	Comments
1. Wash hands.				
2. Apply disposable glove	es.			
3. Remove pump from p	ackaging with garment(s) for use.			
4. Place pump into wall of	outlet. DO NOT switch on.			
5. Place pump flat on flo	or or by hanging device.			
6. Push long tube from g	arment onto air port at side of			
pump. On some mode	els, if only one garment is used the			
provided stopper mus	t block the unused port.			
7. Make sure that power	is off, remove garment from its			
wrapping and unzip it.				
8. Inspect skin for abrasi	ons or rash.			
9. Place arm or leg into g	arment and zip it up. Ensure			
garment is fully zipped	d closed. Garment will conform to			
contours of a limb.				
10. Ensure that pressure of	dial on pump is set at a minimum			
level. Turn power swit	ch on and increase pressure to			
required level.				
11. Remove disposable gl	oves and discard.			
12. Wash hands.				
13. Document correctly o	n the Home Care Medication			
Assignment Record –	Home Care Attendant.			
Cleaning Instructions:				
1. The pump can be clea	ned using a soft cloth and water.			
DO NOT wash pump v	hile it is plugged into the wall			
outlet.				
2. Garment can be wash	ed in luke warm water using			
•	oap powder. Before washing			
	eal off both ends of the garment			
	nnector tubing. Place one end of			
	d connect other end to the other			
	ete loop. This will prevent water			
from getting in garme				
3. Do not iron or dry clea	an the garment.			

Nurse Signature: ______

Home Care Attendant Signature: _____

FORWARD TO NURSE EDUCATOR - CLIENT SPECIFIC SERVICES WITHIN 24-48 HOURS

Procura Entry Completed

Reviewed by: _____