

Adult LifePak 20e Checklist

Unit/Location _____ Week of: ___/___/___ to ___/___/___

The Emergency Cart should be checked daily. Contact the **Service Center at 615.343.9600** to correct any issues found.

	Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	Initials						
Defibrillator present							
External paddles present or accessible							
Manual test of defibrillator performed (see procedure below)							
Date and time are accurate (see note*)							
Defibrillator plugged into appropriate electrical outlet							
Power cord plugged firmly into back of unit and green external power indicator light on							
Red "Service" light not illuminated. If illuminated, call Service Center immediately for replacement							
Adult pads present							

* The time and date on the defibrillator should match the D-term phones. Call Clinical Engineering at 615.322.3440 to correct a discrepancy in date or time greater than 1 minute.

<p>LifePak 20 procedure for manual check</p> <ul style="list-style-type: none"> ▪ Plug Therapy Cable into Test Plug ▪ Turn Lp20 ON ▪ Push Lead button or Open Door ▪ Push OPTIONS button ▪ Select USER TEST ▪ Confirm USER TEST ▪ Wait for completion ▪ Unplug Therapy Cable from Test Plug 	<p>Signature</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Initials</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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When complete, this form should be filed and maintained for a period of three years.