

**UVA Health Medical Center
Competency Verification Record (CVR)
Mechanical Cardiopulmonary Resuscitation Device (MCPR)
LUCAS Compression Device - Medical Emergency Team only
Registered Nurse: Medical Emergency Team**

Employee Name: _____ **Employee ID #:** _____ **Date:** _____

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator’s signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

Competency Statement:	To verify the employee’s competence for utilizing the Lucas Device during cardiac arrest. To include placement, routine use of the device, and troubleshooting common problems that arise.	
Validator(s):	MET Nurse who has validated and documented competency for this skill.	
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document.	
Method of Validation:	DO	Direct Observation – Return demonstration or evidence of daily work.
	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
	S	Simulation
	C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
	D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
	R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
	QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
	N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.
Validation Instructions:	Validator should provide didactic and hands on demonstration with return demonstration. Utilize the “Lucas Training Points” handout for guidance as needed. Hands on demonstration is required, discussion alone is insufficient.	

Name of CVR: LUCAS Compression Device: Medical Emergency Team
Date CVR Created: 12/23/2024 **Date CVR Revised:**
Subject Matter Expert(s): T. Patrick Short, RN MET; Sarahbeth Thomas, RN MET; Matt Henrich, RN Manager MET

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Describes indications for use. <ul style="list-style-type: none"> • During any cardiac arrest that MET responds to • Should be deployed as soon as possible after higher priority interventions have been completed (e.g.: IO placement, defibrillator placement, etc.) • Can be used during defibrillation and while other procedures, such as ECMO line placement, are being preformed 	D	
Describes contraindications. <ul style="list-style-type: none"> • Size mismatch: patient is too large or too small for proper device fitting. • Manufacturer guidelines are <80lbs or >40lbs. • Recent sternotomy/CSU-ALS patients. If sternal precautions are in place, no Lucas. Confirm with primary team. 	D	
Discuss process for how the Lucas is brought to the cardiac arrest	D	
Demonstrates placement of backboard and clips device onto the backboard	DO	
Demonstrates operation of machine: <ul style="list-style-type: none"> • Device turning on/off • Pause functionality • Positioning the piston, ensuring correct alignment • Compression modes: 30:2 vs continuous compressions based on the assessment of the clinical situation and patient needs. 	DO	
Demonstrates positioning of suction cup on lower half of sternum	DO	
Demonstrates securement. <ul style="list-style-type: none"> • Once positioned, secure arms using provided wrist straps • Place neck strap to minimize sliding of the device. 	DO	
Demonstrate how to change battery, if depleted during use, and resume compressions without significant interruption	DO	
Demonstrates suction cup replacement (ineffective or damaged), and resume compressions without significant interruption	DO	
Performs necessary documentation in the EMR and MET database.	DO	

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Performs maintenance and cleaning: <ul style="list-style-type: none"> • Weekly device check: Every Monday with the provided checklist • Clean the device as needed and per manufacturers recommendation • Replace suction cups as needed (signs of wear, damaged or ineffective) • Rotate battery between spare and in-use on a weekly basis 	DO/D	

Reference Table/Pictures: N/A

Competency Verified by:

_____ Date: _____
Validator's Name (printed) *Validator's signature*

References:

- Use of Mechanical Cardiopulmonary Resuscitation (mCPR) ED and MET Guideline (6856_1)
- Quick Reference Guide – LUCAS 3 Chest Compression System
https://www.lucas-cpr.com/files/8582471_LUCAS%20QRP%203328215_C_LR_US.pdf

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