

**PEL/VIP Caregiver Checkoff**

Facility \_\_\_\_\_ Patient Name \_\_\_\_\_

Date \_\_\_\_\_ Clinician Signature \_\_\_\_\_

<b>Procedure</b>	<b>Brief Description</b>	<b>Return Demo Performed</b>	<b>Clinician Initials</b>	<b>Caregiver Initials</b>
<b>Oral Suctioning</b>				
<b>Tracheal Suctioning</b>				
<b>Tracheostomy Care</b>				

By initialing the above boxes, I certify that I have been shown how to perform the above procedures listed. \_\_\_\_\_

(Caregiver Signature)