

**V Series
BEDSIDE MONITOR GUIDELINE**

This document is a guideline only to be used as an aid to comprehensive Inservice training.

NAME: _____

HOSPITAL: _____

DATE : _____

VALIDATOR: _____

	Performed	Not Performed	Not Applicable
A. OVERVIEW			
1. Locate ON/OFF button			
2. Locate communication ports. How does the clinician know he/she is communicating to the Panorama Central Station?			
3. Locate A/C connection. How does clinician know monitor is docked and receiving A/C power?			
4. Dock and undock monitor			
5. Load a. printer paper b. recorder paper			
6. Discuss a. VPS insertion into monitor and V Module Rack b. Locking/unlocking modules c. Module options d. Verifying Module status			
7. Locate ECG, NIBP, SPO2, and Temp. connection ports in VPS			
8. Discuss User Interface Interaction (i.e., Touchscreen, etc)			
9. Locate Battery compartment (V12) How does a clinician know the batteries are charging? How does the clinician know the monitoring is operating on batteries? Discuss two ways to identify battery life status. How long will the monitor run on			

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batteries? How long to recharge?			
10. Discuss menus and keys a. What keys remain on the display at all times?			
11. How does a clinician return to the main display?			
12. Locate patient size, date and time			
B. BASIC FUNCTIONS			
1. Attach ECG, NIBP and SPO2 probe			
2. Enter the following patient information: a. Jane Doe b. Height: 5'7" c. Weight: 140 lbs d. ID: 68924			
3. ECG a. Discuss electrode prep and placement b. Change Lead from II to I c. Change leads to I and V (if using a 5 lead cable) d. Enhance the pacemaker pulse/spike e. Display a full screen of ECG f. The heart rate number displays a "hollow" font. What are some possible causes for this? g. How can a clinician know when the HR is being obtained from another source besides ECG? What are the sources? h. Record an ECG strip i. Record a continuous strip j. Stop a continuous strip k. Print an ECG strip			
4. ARRHYTHMIA a. Discuss departmental default arrhythmia settings b. Where are arrhythmia messages displayed? c. What leads are used for arrhythmia analysis and heart rate detection? d. Can lethal arrhythmias be disabled? e. Enable lethal arrhythmias only f. Adjust the following settings: 1. Asystole to 4 seconds			

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<ul style="list-style-type: none"> 2. VTach to 6 PVC/110bpm 3. Turn on Bigeminy alarm and assign a low alarm level 4. Select VFib to automatically record on alarm 5. Turn on Trigeminy to save as an event but not make an audio alarm notification g. Acknowledge a lethal arrhythmia h. Discuss the relearn process for Arrhythmia and ST. 			
<p>5. SPO2</p> <ul style="list-style-type: none"> a. Discuss placement of sensor b. Adjust SPO2 color to yellow 			
<p>6. NON-INVASIVE BLOOD PRESSURE (NIBP)</p> <ul style="list-style-type: none"> a. Discuss proper cuff size b. Set BP interval for every 10 minutes and initiate a NIBP measurement c. Stop a NIBP interval. How long is it suspended? d. How can you verify the BP while the monitor is obtaining a NIBP? e. Locate the last several NIBP measurements 			
<p>7. RESPIRATIONS</p> <ul style="list-style-type: none"> a. Locate respiratory rate display b. Adjust the respiratory scale to 5 c. Respirations are obtained from what sources? d. Turn respiratory monitoring off 			
<p>8. TEMPERATURE</p> <ul style="list-style-type: none"> a. Locate temperature connection port and display tile b. Change color to brown c. Change T1 label to REC 			
<p>9. ALARMS</p> <ul style="list-style-type: none"> a. Change high HR limit to 130 bpm b. Change low SpO2 limit to 87% and change to a high priority alarm c. Turn on RR alarms and set the low RR limit to 5 d. Turn off saving to events for NIBP alarms e. How does a clinician know if an alarm is turned off? f. Discuss the difference between silence and silence all. How long is 			

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<p>the alarm(s) silenced?</p> <p>g. Discuss high, medium and low alarm levels</p> <p>h. Discuss technical alarms</p> <p>i. Discuss latched alarms including what alarms are latched and what must be done to acknowledge a latched alarm</p>			
10. Change patient size from Adult to Pediatric			
11. Discuss auto admit to the Panorama Central Station			
12. Discuss two ways to enter first name and last name			
<p>13. The patient is being removed from the monitor for a test</p> <p>a. What button is pressed to suspend monitoring functions?</p> <p>b. Resume monitoring function</p>			
14. What is the difference between standby, privacy mode, and discharge?			
<p>15. Capture an event to save or locate a previously saved event</p> <p>a. Display the event</p> <p>b. Add the following comment for the event: Chest Pain</p> <p>c. Perform a vertical or horizontal measurement (advance)</p> <p>d. Print the detailed event</p> <p>e. How many events are stored? Do they transfer with the VPS?</p>			
16. Display and print Quick Trend Report. How many trends are stored in the Quick Trends list?			
<p>17. Display List Trends</p> <p>a. Adjust to display trends in 15 minute increments</p> <p>b. Print 2 hour List Trends Report the last 1 hour</p> <p>c. How many trends are stored? How are they cleared?</p>			
18. Scroll back 1 minute in time and print a detailed report			
19. Adjust to display multiple leads of ECG			
20. Discharge a patient from the Panorama Central Station and bedside monitor			

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21. Does the room number clear upon discharge? Does the patient size return to Adult once the patient is discharged?			
C. ADVANCE FUNCTIONS			
1. DISPLAY a. Select another configured display (i.e. Preset 2, Invasive, etc.) b. Temporarily adjust the configured display to display the SPO2 waveform below the Respiratory waveform. c. Discuss locked and unlocked display configurations			
2. INVASIVE BLOOD PRESSURES (IBP1-8)* a. Discuss invasive blood pressure monitoring setup b. Zero an invasive line c. Change the label from IBP1 to ART d. Discuss what happens when an invasive is labeled with a label already in use (i.e. changing ART to CVP for IBP1 when IBP2 is already labeled CVP) e. Change the scale to 60-240 mmHg f. Adjust the printer to print Lead II and the invasive waveform			
3. CO2* a. Discuss disposable CO2 accessories for an intubated and/or non-intubated patient b. Change the CO2 scale to 0 to 100 c. Change the sweep speed to 12.5 mm/s			
4. ANESTHETIC AGENT* a. Discuss anesthetic agent setup b. Discuss automatic agent identification and optional mixed agent alarm c. Enable MAC alarms			

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<p>5. ST</p> <ul style="list-style-type: none"> a. Enable ST analysis and display the current values only. b. How many ECG leads are being analyzed? c. Adjust the display to display the ST Rep Beat tile d. Adjust the ST alarm for a single lead to +/- 1.5 mm e. Review ST measurements 			
<p>6. 12 LEAD*</p> <ul style="list-style-type: none"> a. Discuss ECG electrode prep and placement b. Enter additional information: <ul style="list-style-type: none"> 1. Age: 75 2. Drug: Diuretics 3. History: Hypertension c. View All ECG waveforms d. Print a 12 lead ECG Report e. Discuss two ways to print a 12 lead ECG Report f. What information must be entered to obtain a 12 lead ECG Report g. Enable Baseline or Muscle Artifact filters. Discuss use 			
<p>7. PULMONARY CAPILLARY WEDGE PRESSURE</p> <ul style="list-style-type: none"> a. Locate PCWP function b. Perform a PCWP c. Enter PCWP into the Hemodynamic Calculations d. Print a PWCP Report 			
<p>8. CARDIAC OUTPUT*</p> <ul style="list-style-type: none"> a. Locate the Cardiac Output function b. Locate temperature of injectate and patient c. Perform three cardiac output runs d. How do you know if the CO run was valid? e. Discard one cardiac output run f. Can it be re-included in the average? g. Print the Cardiac Output curves h. Accept the CO average 			

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D. OTHER FUNCTIONS			
1. Open the Dose Calculation function a. Enter a weight of 160 pounds b. Select the drug "Dopamine" c. Enter a dosage of 5 mcgs/kg/min d. How many cc/hr is this? e. Display titration table and adjust dose interval to increments of 1 f. Print a Drug Titration Report			
2. Open the Hemodynamic Calculation function a. Discuss the auto-entering of parameter information b. Enter/Adjust the following information: 1. Weight: 140 lbs 2. CVP: 6mmHg 3. Calculate and print Hemodynamic Calculations Report			
3. Discuss VAccess function			
E. REMOTE VIEW			
1. What monitors can be displayed in Remote View?			
2. Setup a bed to be viewed on the V12/V21 bedside monitor			
3. Adjust waveform 2 on the remote monitor to SPO2			
4. Silence one alarm on the remote monitor. Silence all alarms on the remote monitor.			
5. Print a strip on the remote monitor			
F. ALARM WATCH			
1. Discuss the difference between Alarm Watch and Remote View			
2. Discuss the difference between locked and unlocked beds and alarms			
3. Add a bed to the Alarm Watch list. What is required to add the bed?			
4. Add HR and SPO2 alarms to be monitored to the added bed			
5. Discuss the process for viewing the bed in an alarm condition			

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F. ALARM WATCH (CONT.)			
6. Remove a bed from the Alarm Watch list			
G. INTERFACING			
1. Discuss setup for interfacing with Camino ICP device			
2. Discuss setup for interfacing with Edwards Lifescience device*			
3. Discuss setup for interfacing with Mindray Gas Module SE*			
4. Discuss setup for interfacing with Covidien INVOS Cerebral/Somatic Oximeter*			
H. MAINTENANCE			
1. Re-Calibrate Touch Screen			
2. Discuss cleaning process including locking screen			
3. Date/Time Adjustment <ul style="list-style-type: none"> a. Adjust the date and time b. Discuss daylight saving time consideration 			