## Self-Assessment Checklist TM 80 Telemetry



Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model:	TM80

This checklist should be used as a self-assessment of your knowledge of the above device. Assessment should be made against the statements in each category. If you are in any doubt regarding your ability to safely use this device please seek further education and re-assess. Training resources can be found at www.mindrayuk.com

Initial Second Assessment Assessment (if applicable)

SAFETY		
I can complete a visual inspection of the device prior to patient application	Yes / No	Yes / No
I can select the accessories required to monitor my patient	Yes / No	Yes / No
I know how to appropriately store the batteries	Yes / No	Yes / No
I know what products can be used to clean and decontaminate the TM80 & accessories	Yes / No	Yes / No

PHYSICAL VIEW		
I can navigate and explain the external features of the device:  • Accessory connector ports and SpO2 connector cap  • LED patient alarm indicator  • Display screen  • Hard keys  • Battery Compartment  • Speaker	Yes / No	Yes / No

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Initial Assessment Second Assessment (if applicable)

POWERING ON		
I can select and insert / remove the correct battery (disposable/ or Li-ion)	Yes / No	Yes / No
I know the device battery life and where to identify this information	Yes / No	Yes / No

PATIENT MANAGEMENT		
I can check and select the correct patient category for my patient group	Yes / No	Yes / No
I can set the correct the pacing option for my patient	Yes / No	Yes / No
I know how to discharge a patient from the device	Yes / No	Yes / No

SCREEN NAVIGATION		
I can lock and unlock the screen (when screen lock configured)	Yes / No	Yes / No
I can navigate the quick keys and menus of the screen display to:  • Adjust parameter settings • Review patient data • Access lead placement Infographic • Adjust audio volume • Adjust systole beep • Select screen orientation	Yes / No	Yes / No
I can identify the information in the Patient Information Area	Yes / No	Yes / No
I can identify the symbols on the display screen	Yes / No	Yes / No
I know how to acknowledge the Nurse Call (if configured)	Yes / No /NA	Yes / No /NA
I can put the device into standby mode and understand when this feature can be used	Yes / No	Yes / No



Initial Assessment Second Assessment (if applicable)

ALARM MANAGEMENT		
I can interpret clinical & technical alarms	Yes / No	Yes / No
I can adjust alarm limits and threshold settings	Yes / No	Yes / No
I understand appropriate use of Alarm Reset & Alarm Pause	Yes / No	Yes / No

SpO <sub>2</sub> (if applicable)		
I understand appropriate use of the SpO <sub>2</sub> sensor		
https://improvement.nhs.uk/documents/3603/Patient_Safety_Alert _Placement_of_oximetry_probes_FINAL.pdf	Yes / No/ NA	Yes / No/ NA
I understand Perfusion Index (PI) Value	Yes / No/ NA	Yes / No/ NA

REVIEW		
I know how to trigger & review a Manual Event	Yes / No	Yes / No
I know how to display Trends, Events & Full Disclosure	Yes / No	Yes / No

DECLARATION OF SELF ASSESSMENT		
I have completed the above self assessment and feel able to use the named device safely	Yes / No	Yes / No
Date:		
Signature:		

Retain this checklist in your learning portfolio.