

# Self-Assessment Checklist

## BeneHeart D3 / D6



Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model (delete as appropriate):	D3 / D6

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/education](http://www.mindrayuk.com/education)

	Initial Assessment	Second Assessment (if applicable)
<b>DEVICE OVERVIEW</b>		
I can locate the AC power input	Yes / No	Yes / No
I know the device battery life	Yes / No	Yes / No
I can identify the icons within the readiness display window	Yes / No	Yes / No
I can locate the mode dial and select modes as required	Yes / No	Yes / No
I can locate the alarm lamp and know the difference between alarm types	Yes / No	Yes / No
I can pause an active alarm	Yes / No	Yes / No
I can change the ECG lead view	Yes / No	Yes / No
I can change the ECG gain	Yes / No	Yes / No
I can locate the NIBP key (configuration dependent)	Yes/ No/ NA	Yes/ No/ NA
I can access the main menu and return to the home screen	Yes / No	Yes / No
I can rotate the navigational dial through the waveforms	Yes / No	Yes / No
I can identify the three softkeys	Yes / No	Yes / No
I can identify the charge and shock buttons	Yes / No	Yes / No
I can locate the print/record button	Yes / No	Yes / No
I can locate the printer access latch and change the printer paper	Yes / No	Yes / No
I can turn the device off correctly	Yes / No	Yes / No

Initial Assessment      Second Assessment (if applicable)

DEVICE TESTING		
I understand the significance of checking the device cables	Yes / No	Yes / No
I know who to contact in the event of a problem	Yes / No	Yes / No
I understand why the test plug is used	Yes / No	Yes / No
I know which mode to enter to start a test	Yes / No	Yes / No
I know the difference between "energy delivery test" & "controls test"	Yes / No	Yes / No
I understand why a patient SHOULD NOT be connected during a test	Yes / No	Yes / No
I can print a report once the test has completed	Yes / No	Yes / No

AED		
I understand the safe working principles of using a defibrillator	Yes / No	Yes / No
I can select the correct mode for AED use	Yes / No	Yes / No
I understand the correct placement of pads on the patient	Yes / No	Yes / No
I understand why the pads must make good contact with the patient	Yes / No	Yes / No
I can change the patient category as required	Yes / No	Yes / No
I can follow the on-screen and voice prompts	Yes / No	Yes / No
If required, I can silence the metronome	Yes / No	Yes / No

MANUAL DEFIBRILLATION (IF APPLICABLE)		
I understand how to select the required energy	Yes/ No/ NA	Yes/ No/ NA
I understand how to disarm the defibrillator	Yes/ No/ NA	Yes/ No/ NA
I can identify the impedance calculator and understand its importance	Yes/ No/ NA	Yes/ No/ NA

Initial Assessment      Second Assessment (if applicable)

CARDIOVERSION (IF APPLICABLE)		
I understand how to sync the defibrillator	Yes/ No/ NA	Yes / No/ NA
I can locate the R waves	Yes/ No/ NA	Yes / No/ NA
I can deliver a synchronised shock	Yes/ No/ NA	Yes / No/ NA

PACING (IF APPLICABLE)		
I can select another lead if R wave markers do not appear	Yes/ No/ NA	Yes/ No/ NA
I understand how to set the pacer rate	Yes/ No/ NA	Yes/ No/ NA
I understand how to set the pacer output	Yes/ No/ NA	Yes/ No/ NA
I can identify the pacing spikes on screen	Yes/ No/ NA	Yes/ No/ NA
I can identify the 4:1 key and understand its function	Yes/ No/ NA	Yes/ No/ NA

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.**