Self-Assessment Checklist
BeneHeart R Series

mindray

Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model (delete as appropriate):	**BeneHeart R3 / BeneHeart R12**

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
Retain this checklist in your learning portfolio.

	Initial Assessment	Second Assessment (if applicable)
BATTERY		
I understand how to charge the battery.	Yes / No	Yes / No
I know where to find the battery status symbol.	Yes / No	Yes / No
I know what the various battery status symbols indicate.	Yes / No	Yes / No
EQUIPMENT OVERVIEW		
I am able to locate the AC Power input port and connect to the mains power supply.	Yes / No	Yes / No
I am able to locate the patient cable connection port.	Yes / No	Yes / No
I am able to locate the recorder and recorder door latch.	Yes / No	Yes / No
DEVICE SETUP		
I am able to load thermal recording paper - Roll.	Yes / No / NA	Yes / No / NA
I am able to load thermal recording paper - Z-Fold.	Yes / No / NA	Yes / No / NA
I am able to connect the patient cable.	Yes / No	Yes / No

SYSTEM SETUP		
I am able to access the Main Menu	Yes / No	Yes / No
I am able to navigate through, and select, menu options using the function keys.	Yes / No	Yes / No
I am able to alter Date and Time.	Yes / No	Yes / No
I know where to switch on/off report Preview.	Yes / No	Yes / No
I know where to alter the settings for Auto Standby and Auto Shutdown	Yes / No	Yes / No

PATIENT DEMOGRAPHICS		
I know how to access the Patient Information screen.	Yes / No	Yes / No
I am able to input numerical data eg Patient ID.	Yes / No	Yes / No
I am able to input alphabetical data eg Patient Name.	Yes / No	Yes / No
I understand the importance of inputting patient Information.	Yes / No	Yes / No

PATIENT PREPARATION		
I know how to prepare the patient's skin for ECG acquisition.	Yes / No	Yes / No
I am able to apply the ECG electrodes in the correct position for an adult patient.	Yes / No	Yes / No
I am able to apply the ECG electrodes in the correct position for an paediatric patient.	Yes / No	Yes / No
I know where to change the device settings to [V4R Position] for paediatric placement of electrodes.	Yes / No	Yes / No

MAIN SCREEN		
I understand the information categories across the top of the normal screen.	Yes / No	Yes / No
I know where to find messages relating to the device and report on the normal screen.	Yes / No	Yes / No
I am able to change the speed, gain and filter of the waveform using the function keys and/or quick keys.	Yes / No	Yes / No
I understand that if I change the speed, gain and filter of waveforms via the Main Menu these settings will be retained after the device has been switched off.	Yes / No	Yes / No

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	Initial Assessment	Second Assessment (if applicable)

ACQUIRING AN ECG		
I am able to acquire an Auto Measurement ECG report.	Yes / No	Yes / No
I am able to start and stop a Manual Measurement.	Yes / No	Yes / No
I am able to change the selected leads for a Manual Measurement.	Yes / No	Yes / No
I am able to acquire a Rhythm Measurement report.	Yes / No	Yes / No
I am able to change the lead for a Rhythm Measurement report.	Yes / No	Yes / No

MANAGING PATIENT ARCHIVES		
I am able to print a copy of the last report.	Yes / No	Yes / No
I know how to access the Directory to Delete, Review or Print a report.	Yes / No	Yes / No
I am able to search for an archived report by Date and/or Patient ID.	Yes / No	Yes / No

CARE AND MAINTENANCE		
I have read and understood the instructions relating to cleaning and disinfecting the device and accessories.	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:		