# Self-Assessment Checklist
# T Series T5/T8/T9

**mindray**

| Forename (s): | Surname: |
|---|---|
| **Job Title:** | |
| **Directorate / Department / Unit / Ward:** | |
| **Device Name / Model:** | **T9 / T8 / T5** |

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) |
|---|---|---|
| **SAFETY** | | |
| I can locate the AC Power Output | Yes / No | Yes / No |
| I know the device battery life | Yes / No | Yes / No |
| I understand Parameter Module docking, undocking & Storage | Yes / No | Yes / No |
| **PATIENT MANAGEMENT** | | |
| I can Admit & Discharge patients | Yes / No | Yes / No |
| I can amend patient information | Yes / No | Yes / No |
| I can select pacing options | Yes / No | Yes / No |
| I can select the appropriate configuration | Yes / No | Yes / No |
| **ALARM MANAGEMENT** | | |
| I can interpret clinical & technical alarms | Yes / No | Yes / No |
| I can adjust alarm limits | Yes / No | Yes / No |
| I understand Alarm Reset & Alarm Pause | Yes / No | Yes / No |
| I can adjust alarm threshold settings | Yes / No | Yes / No |

|  | Initial Assessment | Second Assessment (if applicable) |
|---|---|---|
| **SpO₂** | | |
| I understand appropriate use of the SpO₂ sensor<br><br>https://improvement.nhs.uk/documents/3603/Patient_Safety_Alert_-_Placement_of_oximetry_probes_FINAL.pdf | Yes / No | Yes / No |
| I understand Perfusion Index (PI) Value | Yes / No | Yes / No |

| **NIBP** | | |
|---|---|---|
| I am able to select the appropriate cuff size for the patient | Yes / No | Yes / No |
| I am able to perform manual NIBP readings | Yes / No | Yes / No |
| I know how to set up NIBP readings at set intervals | Yes / No | Yes / No |

| **IBP** | | |
|---|---|---|
| I know how to change invasive pressure labels | Yes / No | Yes / No |
| I know how to zero invasive pressures | Yes / No | Yes / No |
| I know how to change IBP scale settings | Yes / No | Yes / No |

| **CO2** | | |
|---|---|---|
| I understand the significance of Measure & Standby modes | Yes / No | Yes / No |
| I understand the correct management of disposable and reusable accessories | Yes / No | Yes / No |

| **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 |

| **OTHER KEY FUNCTIONS** | | |
|---|---|---|
| I understand how to use Standby Mode | Yes / No | Yes / No |
| I understand how to use Night Mode | Yes / No | Yes / No |
| I understand how to use Privacy Mode | 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: | | |