

Self-Assessment Checklist

VS9 Vital Signs



Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model:	VS9

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

	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 can disable and enable the touchscreen	Yes / No	Yes / No

BASIC OPERATION		
I can locate the ON/OFF button and can enter and exit standby mode	Yes / No	Yes / No
I can locate the Admit Patient button	Yes / No	Yes / No
I can locate the Spot Check and Continuous workflow	Yes / No	Yes / No
I can select the appropriate configuration	Yes / No	Yes / No
I can use a specific assessment profile (Ward Observations, Orthostatic BP etc)	Yes / No/ NA	Yes/ No/ NA

PATIENT MANAGEMENT		
I can admit and discharge patients	Yes / No	Yes / No
I can amend patient information	Yes / No	Yes / No

Initial Assessment Second Assessment (if applicable)

ALARM MANAGEMENT		
I can interpret clinical and technical alarms (in continuous mode only)	Yes / No/ NA	Yes / No/ NA
I can adjust alarm limits (in continuous mode only)	Yes / No/ NA	Yes / No/NA
I understand Alarm Reset (in continuous mode only)	Yes / No/ NA	Yes / No/ NA

PARAMETER SET-UP		
I can access parameter setup menus	Yes / No	Yes / No
I understand how to adjust parameter settings	Yes / No	Yes / No

SpO ₂		
I understand appropriate use of the SpO ₂ sensor		
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 correct 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 (in continuous mode only)	Yes / No	Yes / No

TEMPERATURE		
I can manually enter a temperature reading	Yes / No/ NA	Yes / No/ NA

Initial
Assessment

Second
Assessment
(if applicable)

RESPIRATION		
I can manually enter a respiratory rate value	Yes / No	Yes / No
I can set the respiratory rate timer	Yes / No	Yes / No

REVIEW		
I know how to review patient data	Yes / No	Yes / No

CLINICAL SCORING		
I can enter the NEWS2 screen	Yes / No/ NA	Yes / No/ NA
I can calculate a NEWS2 score	Yes / No/ NA	Yes / No/ NA
I know how to obtain a Calculated Score	Yes / No/ NA	Yes / No/ NA
I know how to Review Total Calculated Score	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.