

Self-Assessment Checklist

Vital Signs



Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model (delete as appropriate):	VS600/ VS900

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 & Enable the touch screen	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 Alarm Reset button	Yes / No	Yes / No
I can locate the Admit Patient button	Yes / No	Yes / No
I understand the function of the rotary knob	Yes / No	Yes / No

PATIENT MANAGEMENT		
I can Admit & 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 & technical alarms	Yes / No/ NA	Yes / No/ NA
I can adjust alarm limits	Yes / No/ NA	Yes / No/NA
I understand Alarm Reset	Yes / No/ NA	Yes / No/ NA
I can select the appropriate configuration	Yes / No	Yes / No

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	Yes / No	Yes / No

Initial Assessment Second Assessment (if applicable)

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

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.