

Self-Assessment Checklist

BeneHeart D30



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.

Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model (delete as appropriate):	D30

Initial
Assessment

Second
Assessment
(if applicable)

DEVICE OVERVIEW		
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 navigate through different modes via the touch screen (MED, AED, SYNC, PACER, MONITOR)	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 navigate through different waveforms via the touchscreen	Yes / No	Yes / No
I can identify the event keys on the touch screen	Yes / No	Yes / No
I can identify the charge and shock buttons	Yes / No	Yes / No

I can access the resus record and know how to print the historical record	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

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 how to access the user 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 if needed	Yes / No	Yes / No

AED		
I understand the safe working principles of using a defibrillator	Yes / No	Yes / No
I can select AED mode	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
I can identify the impedance calculator and understand its importance	Yes/ No	Yes/ No
I can time-stamp specific medications and interventions if required	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 CPR feedback dial and understand the information displayed	Yes/No/NA	Yes/No/NA
I can access the rescue debrief and understand what this information relates to	Yes/No/NA	Yes/No/Na

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 synchronized 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 know how to start pacing	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:		