

# Self-Assessment Checklist

## iPM



<b>Forename (s):</b>	<b>Surname:</b>
<b>Job Title:</b>	
<b>Directorate / Department / Unit / Ward:</b>	
<b>Device Name / Model:</b>	<b>iPM 8 / 10 / 12</b>

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](http://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

<b>SpO<sub>2</sub></b>		
I understand appropriate use of the SpO <sub>2</sub> sensor <a href="https://improvement.nhs.uk/documents/3603/Patient_Safety_Alert_-_Placement_of_oximetry_probes_FINAL.pdf">https://improvement.nhs.uk/documents/3603/Patient_Safety_Alert_-_Placement_of_oximetry_probes_FINAL.pdf</a>	Yes / No	Yes / No
I understand Perfusion Index (PI) Value	Yes / No	Yes / No

<b>NIBP</b>		
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

<b>IBP</b>		
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

<b>CO<sub>2</sub></b>		
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

<b>REVIEW</b>		
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

Initial  
Assessment

Second  
Assessment  
(if applicable)

### 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

### 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:		