

Self-Assessment Checklist BeneVision and ePM



Forename (s):	Surname:
Job Title:	
Directorate / Department / Unit / Ward:	
Device Name / Model (delete as appropriate):	BeneVision N Series / ePM

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 understand N1/ MPM/ Parameter Module docking, undocking & Storage	Yes / No/ NA	Yes / No/ NA

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 / Audio Pause	Yes / No	Yes / No
I can adjust arrhythmia threshold settings	Yes / No	Yes / No

Initial Assessment Second Assessment (if applicable)

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

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

CO ₂		
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 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
I understand how to use Privacy Mode	Yes / No/ NA	Yes / No/ NA
I understand how to use the EWS tool	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.