Clinical Competency Form For OR and PACU

ANAPOD™ Humi-Therm
Heated Humidification System

This document is a Clinical Competency Statement: The participant must perform setup and operating proficiency without assistance and/or direct supervision regarding the ANAPOD™ Humi-Therm Heated Humidification System. This document is a self-assessment for registered practitioners.

Applicant Name:
Hospital/Dept:
Date:

	ANAPOD™ Competency Check Off for OR (including transport to PACU)	Met	Not Met
1	Establish the need for ANAPOD™		
2	**Gather correct equipment:** ANAPOD™ Controller ANAPOD™ "Quick Connect" Circuit Cable ANAPOD™ Power Supply Cable ANAPOD™ Humi-Therm Adult Circuit (A9241) ANAPOD™ Humi-Therm Pediatric Circuit (A9242) Optional: ANAPOD™ Humi-Therm Transport Kit: Adult Oxygen Mask Kit (9439) Pediatric Oxygen Mask Kit (9440) Adult Non-Rebreather Mask Kit (9442) Pediatric Non-Rebreather Mask Kit (9443) Oxygen Tank		
3	Open Humi-Therm circuit package		
4	Connect anesthesia bag (green bag) to anesthesia machine		
5	Connect inspiratory limb to inspiratory valve on anesthesia machine and connect expiratory limb to expiratory valve on anesthesia machine **Inspiratory (blue heated wick) limb MUST be connected to inspiratory valve on anesthesia machine.* ***If using reusable manifold to a coaxial circuit remove manifold and place Humi-Therm circuit to inspiratory and expiratory limbs as instructed.*		
6	Inject 40 mL of provided sterile water into circuit water feed port using provided syringe *Should last 6-8 hours at 2 LPM		
7	Plug power supply cable into back panel of ANAPOD™ and to a power source ***Controller DOES NOT have a battery backup power!***		
8	Connect Quick Connect Circuit Cable to ANAPOD™ (Red and Black Arrows together)		
9	Connect 4 pin Circuit Cable to Circuit		
10	Turn on ANAPOD™ and set temperate to desired setting by moving up and down arrows ** Set ANAPOD™ 5°C higher than desired patient temp* *(i.e. To deliver 37°C to patient set ANAPOD™ at 42°C)*		
11	Ensure Warming Light comes on *Warming light will remain on until set temperature is reached, then blinks intermittently		
12	Disconnect Circuit Cable – Alarm should sound, AND visual disconnect alarm should be lit		
13	Hit alarm silence – alarm should silence BUT, visual alarm should remain lit **Alarm will remain silenced for 2 minutes*		
14	Reconnect Circuit Cable – visual alarm should clear, and warming light should turn back on		

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15	Allow circuit to warm up		
16	Visualize condensation in the circuit, no free-standing water *Condensation must be present, or patient is not receiving humidification		
17	Place on patient		
	Continue to monitor patient and condensation within circuit. *Once condensation reaches the last 6 inches of circuit (closest to patient), add an additional 12 mL of sterile water for each additional hour of surgery ***DO NOT oversaturate circuit**		
	Proceed for competency on transporting patient to PACU with Humi-Therm		
	Transport to PACU after case using ANAPOD™		
1	Gather and open desired ANAPOD™ Humi-Therm Transport Kit: • Adult Oxygen Mask Kit (9439) • Pediatric Oxygen Mask Kit (9440) • Adult Non-Rebreather Mask Kit (9442) Pediatric Non-Rebreather Mask Kit (9443)		
2	Remove patient wye, expiratory limb (white tube), expandable inspiratory tube (also white), and BV filter from existing circuit		
3	Attach transport mask of choice to patient end (where wye was removed)		
4	Attach oxygen tubing to other end of inspiratory circuit (machine side)		
5	Connect end of oxygen tubing to O2 tank on gurney and set flow		
6	Turn off ANAPOD™ Controller and Disconnect ANAPOD™ circuit cable for transport • *If using same ANAPOD Controller in PACU make sure to bring controller to PACU		
7	Once patient arrives in PACU, reconnect ANAPOD circuit cable and turn on ANAPOD™ *Add water as required (no more than 10 mL at a time)		

Cleaning Instructions		
Dispose of all single patient items (circuit, adapters, cannula or mask, etc.)		
Wipe down controller, cable, and bracket (non-disposables) with germicidal wipes *Do not immerse controller in any liquid as it may cause damage.		

I confirm that I have evaluated the above-named person and can state that he/she demonstrates competency in using the named medical device.

Verifier/Manager/Educator Signature:	
Verifier/Manager/Educator Print Name:	

Status: Pass ☐ Needs More Training ☐

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