

Clinical Competency Form for Universal Circuit (9402)



This document is a Clinical Competency Statement: The participant must perform setup and operating proficiency without assistance and/or direct supervision regarding the This document is a Clinical Competency Statement: The participant must perform setup and operating proficiency without assistance and/or direct supervision regarding the Neo-Pod™ “T” Neonatal Transport Humidification System. This document is a self-assessment for registered practitioners.

Applicant Name:		Date:	
Hospital/Dept:			
	NEO-POD™ “T” Competency Check Off for 9402 Circuit	Met	Not Met
1	Establish the need for NEOPOD “T”		
2	Gather correct equipment: <ul style="list-style-type: none"> • Neo-Pod “T” Controller • Neo-Pod “T” Power Supply Cable with “Quick Connect” <ul style="list-style-type: none"> ○ Power cord sold separately (AC or DC available) • Neo-Pod “T” Universal Neonatal Circuit (9402) • Sterile water (not provided) • *If using circuit with Hamilton transport ventilator: <ul style="list-style-type: none"> ○ Required: Hamilton flow sensor and exhalation valve • Oxygen Tank 		
3	Open circuit package and remove LavaBed™ and elbow adapters from packaging.		
4	Connect elbow adapters to LavaBed (they will only fit one way).		
5	Inspiratory limb consists of blue tubing and expandable white tubing. Lava bed goes between the two inspiratory limbs. Blue limb connects to inlet on LavaBed and expandable tubing connects to outlet on LavaBed. <i>*Adapters in kit for use with ventilator for inspiratory and expiratory.</i>		
6	Connect blue end to inspiratory connection on ventilator.		
7	Connect exhalation limb of circuit to exhalation valve on ventilator.		
8	*If using Hamilton Flow sensor, connect flow sensor between patient and patient wye. Attach Flow Sensor to ventilator. Universal pressure line (blue) in kit for use with non-Hamilton ventilators.		
9	*If performing leak test (or tightness check) through ventilator, ensure patient wye is capped (with included cap) and safety drain at bottom of LavaBed is occluded *Leak test may fail if safety drain is not occluded during test.		
10	Connect water line and add 20 mL of sterile water with provided syringe. <ul style="list-style-type: none"> • 20 mL should last about 1.5 hours. <i>* LavaBed can be heated without water prior to use (preheating circuit).</i> <i>**Optional for transport: for longer transports, after initial bolus of sterile water, reset syringe with 20 mL of sterile water and leave water line connected. Refill LavaBed with sterile water when empty.</i> <i>***Excess water will drain out of bottom of LavaBed through safety drain to prevent water from entering the patient circuit.</i>		
11	Plug power supply cable into side panel of Neo-Pod “T” and connect quick connect cable to LavaBed and then to a power source. *Controller DOES NOT have battery backup power!		
12	Turn on Neo-Pod “T” and set temperature (30-38°C).		

	*Set temp no more than 1°C above isolette temperature.		
13	Ensure warming light comes on. *Warming light will remain on until set temperature is reached and then will blink intermittently.		
14	Disconnect Circuit Cable – Alarm should sound, AND visual disconnect alarm should be lit.		
15	Hit alarm silence – alarm should silence BUT, visual alarm should remain lit. *Silences audible alarm for 90 seconds.		
16	Reconnect Circuit Cable – Visual alarm should clear, AND warming light should turn back on.		
17	Set ventilator and oxygen flow; Allow circuit to warm up before placing on patient.		
18	Visualize condensation in the circuit, no free-standing water. *Condensation must be present, or patient is not receiving humidification.		
19	Place on patient.		
20	Continue to monitor patient and condensation within circuit.		

Cleaning Instructions			
	Dispose of all single patient items (circuit, LavaBed)		
	Wipe down controller, cable, and mattress 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