



# Infusomat<sup>®</sup> Space Volumetric Pump

## TRAINING RECORD

Hospital:.....

Ward:.....

Role:.....

Name:.....

The submission of personal data or business data (names) is done on an explicitly voluntary basis. This data will not be transmitted to B. Braun Medical Ltd or any third party unless you explicitly indicate that this is your wish. The data collected will be stored in line with your NHS Trust Privacy Policy.

# TRAINING RECORD

## COMPETENCY STATEMENT

### Infusomat® Space Volumetric Pump

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These competences are to aid the participant in demonstrating a practical knowledge and appropriate clinical use of the Infusomat® Space Volumetric Pump.

These competences have been designed to help support the NHSLA Risk Management Standards for Acute Trusts (2006).

#### STEP ONE: First Line Training

This Training session will be carried out by a B. Braun Clinical Education Specialist or your B. Braun Super User.

The training session will comprise of a demonstration session and some practice scenarios. This is to help ensure you have acquired the relevant knowledge and skills to commence using the infusion pumps within your clinical setting.

#### STEP TWO: Clinical Application

Using the training received, continue to complete the practice scenarios to reinforce the knowledge gained during your training session. Use the reference material provided for further support.

#### STEP THREE: Review: 3 Month/Annually

To ensure competence is being maintained your trainer will undertake an assessment. Following this you may be required to attend annual training updates and reviews.

#### YOUR FIRST LINE TRAINER WAS

NAME: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# TRAINING RECORD

## COMPETENCY SELF ASSESSMENT

Self-assessment of competence should be measured against the following statements:

These statements are designed to indicate competence to use this device. Responsibility for use remains with the user, so if you are in any doubt regarding your competence to use the Infusomat® Space Volumetric Pumps, you should seek education to bring about improvement. This should be completed through self-directed learning and coaching. Training resources available include: instructions for use, practice scenarios, medical devices ward file, the intranet, discussion with colleagues, medical device coordinator or the B. Braun Super User.

Questions to ask yourself: Can you...	Sign:	Date:
<ol style="list-style-type: none"><li>1. State the clinical application of the Infusomat® Space Volumetric Pumps</li><li>2. Explain the safety checks and precautions to be taken prior to use including safely attaching and detaching the power cable</li><li>3. Securely fasten the pump by using the pole clamp and attaching to an IV pole</li><li>4. State the functions of the keys and indicators on the front panel</li><li>5. Demonstrate how to clear the infusion data and how start a new therapy</li><li>6. Demonstrate the correct insertion of the disposables</li><li>7. Initiate and start a prescribed infusion</li><li>8. Explain the information displayed on the screen whilst the pump is running</li><li>9. Demonstrate the ability to change the rate once the infusion has started</li><li>10. Demonstrate the activation, application and deactivation of the Data Lock anti-tamper facility (if applicable)</li><li>11. Demonstrate the correct administration of a prescribed bolus (if applicable) by<ol style="list-style-type: none"><li>a. delivering a manual purged bolus</li><li>b. delivering a pre selected hands free bolus</li></ol></li><li>12. Demonstrate how to check the pumps battery status</li><li>13. Explain why the pressure indicator is important and demonstrate how to check and adjust the pressure level</li><li>14. Explain the difference between a AMBER and a RED alarm, and give an example of each</li><li>15. Demonstrate how to set the standby mode and resume operation</li><li>16. Demonstrate the correct way to remove the disposable from the pump</li><li>17. Turn the pump off and explain the correct cleaning and storage procedures</li></ol>		

I certify that I am aware of my professional responsibility for continuing professional development and realise that I am accountable for my actions. With this in mind I make the following statement:

I am competent to use the Infusomat® Space Volumetric Pump, and I am aware of the support material available to me.

Print: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# TRAINING RECORD

## PERIODICAL REVIEWS

This form is to be completed by you and your assessor during your assessments.

The assessment is designed to establish that self-competence has been achieved within your clinical practice.

Review Date	Assessor Signature	Record Owner Signature	Notes/Training Update Required