



Compact^{plus} Pump

Training record

Hospital:

Ward:

Role:

Name:

Date

Perfusor[®]

Date

Infusomat[®]

The personal or business data (name, hospital) provided 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 organisational policy.

Training Record

Competency self assessment

Perfusor compact^{plus} and Infusomat compact^{plus} volumetric pump

These competences are to aid the participant in demonstrating a practical knowledge and appropriate clinical use of the compact^{plus} 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 help ensure you have acquired the relevant knowledge and skills to commence using the compact^{plus} pump within your clinical setting.

STEP TWO: Clinical Application

Using the training received, continue to complete the practice scenarios to re-enforce 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

Assessment of competence should be measured against the statements below.

These statements are designed to indicate competence to use this device but the responsibility for use remains with the user.

Questions to ask yourself: Can you...	Sign:	Date:
1. State the clinical application of the compact ^{plus} Infusion Pump(s)	YES NO	
2. Explain the safety checks and precautions to be taken prior to use, including safely attaching and detaching the power cable	YES NO	
3. Securely fasten the pump by using the pole clamp and attaching to an IV pole	YES NO	
4. State the functions of the keys and indicators on the front panel	YES NO	
5. Demonstrate the correct insertion of the disposables (Infusomat [®] only) A) SafeSet airstop B) SafeSet primestop	YES NO	
6. Initiate and start a prescribed infusion	YES NO	
7. Explain the information displayed on the screen whilst the pump is running	YES NO	
8. Demonstrate the ability to change the rate once the infusion has started	YES NO	
9. Demonstrate the correct administration of a prescribed bolus (if applicable) by: a) Delivering a manual purged bolus b) Delivering a pre selected hands free bolus	YES NO	
10. Demonstrate how to check the pumps battery status	YES NO	
11. Explain why the pressure indicator is important and demonstrate how to check and adjust the pressure level	YES NO	
12. Explain the difference between a AMBER pre-alarm and a RED operational alarm and give an example of each	YES NO	
13. Demonstrate the use of the keypad lock	YES NO	
14. Demonstrate how to set the standby mode and resume operation	YES NO	
15. Demonstrate the correct way to remove the disposable from the pump	YES NO	
16. Turn the pump off and explain the correct cleaning and storage procedures	YES NO	

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:

Perfusor[®] compact^{plus}

Infusomat[®] compact^{plus} volumetric pump

and I am aware of the support materials available to me.

Name: _____

Signed: _____

Date: _____

