dopplex DMX/DMXR Competency Assessment Form

HUNTLEIGH

When left on and not used

Name: W	Vard:			Date:			
Hospital/Department:							
Having completed this assessment, users will be able to demonstrate competency with the equipment to ensure correct application.							
Performance Criteria	Attained	Deferred	Date	Signature of Assessor			
Describe clinical application for the equipment				 			
Identify key components:							
ON/OFF switch							
Volume Control							
Headphone Socket							
Battery Low Indicator							
Doppler Probe							
Battery Compartment							
Speaker				 			
Setup Button	 			 			
Memory Card	 						
USB Socket	 			 			
LCD Display	 						
Demonstrate and perform:				1			
Removal of Doppler Probe				1			
Disconnect and reconnect Doppler probe	from cable			1			
Fitting and charging batteries (DMXR) or f removal of Alkaline batteries (DMX)	itting and						
Demonstrate how to apply gel to the patient/p	robe			 			
Demonstrate how to hold the Doppler probe or and at the correct angle	n the skin						
Indicate when the unit may switch off automat	ically						
When used continuously	1			1			



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Performance Criteria	Attained	Deferred	Date	Signature of Assessor
Show how the unit and Doppler probe should be cleaned and stored after use	1 1 1 1 1		 	
Indicate the most fragile part of the Doppler probe and why it should not be dropped	 		1 1 1 1 1	
Demonstrate the change in waveform height by changing Doppler probe angle	 	 	1 1 1 1	
Demonstrate how to change the timebase			 	
Demonstrate how to invert the waveform	 	 	 	
Demonstrate how to stop and scroll a waveform	 	 	 	
Demonstrate how to save and recall a waveform	 	 	 	1
Demonstrate how to recall a demo waveform and describe its meaning	 	1	 	
Demonstrate how to switch between venous and arterial mode			 	
Demonstrate how to record a waveform using Dopplex Reporter software package (if applicable)	1 1 1 1 1 1	 	1 1 1 1 1 1	1 1 1 1 1
Signature of Assessor: D	ate:	R	Re-assessm	ent Date:
Signature of Participant: D	ate:			