VC Caregiver and Patient Training Checklist

Photocopy and complete this checklist as a record. Provide a hands-on demonstration of each item, and ensure the caregiver and/or patient understands how to perform the functions related to it.

V + C Overview

- [ ] Accessing and using the Home Caregiver and Patient Guide
- [ ] Ventilation
- [ ] Cough

Buttons and indicators

- [ ] On/Off Button
- [ ] Audio Pause Button
- [ ] Touchscreen
- [ ] Screen Lock

Inputs and outputs

- [ ] Low-pressure O2 intlet
- [ ] Removable battery slots
- [ ] Remote alarm connection port
- [ ] Patient circuit connection port
- [ ] Active exhalation valve connection port

Power

- [ ] AC/DC Power
- [ ] D/C Power
- [ ] Removable rechargeable batteries
- [ ] Internal rechargeable battery
- [ ] On-screen power indicators
- [ ] Turning the device on and off

Patient circuits

- [ ] Active circuits
- [ ] Passive circuits
- [ ] Mouthpiece circuits
- [ ] Valveless circuits
- [ ] Humidifier Bypass
- [ ] Bacterial filters
- [ ] Humidifiers and HMEs

Touchscreen

- [ ] Home screen
- [ ] Monitor screen
- [ ] Therapy screen
- [ ] Menu screen

Providing therapy

- [ ] Ventilation
- [ ] Pre-Use Test
- [ ] Cough
- [ ] Oxygen
- [ ] Changing presets

Alarms

- [ ] High-priority alarms
- [ ] Medium-priority alarms
- [ ] Low-priority alarms
- [ ] What to do when you hear an alarm
- [ ] Alarm log
- [ ] Alarm silence

VC Caregiver and Patient Training Checklist

Emergencies	
☐ Emergency situations	☐ What to do in an emergency

Cleaning and maintenance	
☐ Device cleaning	☐ Air filters
☐ Accessory cleaning	☐ Maintenance

Patient Safety Reminders & Alarm Warnings

Please refer to the VOCSN Clinical and Technical Manual, available online at Reacthealth.com. Carefully read all warnings (general, placement, patient circuit, therapy, etc.) and cautions.

Maintenance Reminders

The low-priority Maintenance Due alarm will activate when the ventilator needs maintenance. Contact your DME provider for service if you see these alarms.

Trainer Name:_____**Date:**_____

Trainee Name(s):_____

Trainee Signature(s):_____

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LBL-00543-000, Rev A

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Ventilation