

**RENASYS GO**

Competency checklist performance criteria

**RENASYS<sup>◊</sup> GO**  
 Negative Pressure Wound  
 Therapy System

Name:

Date:

Evaluator:

**Check which dressing kit was utilized:**

RENASYS dressing kit: RENASYS-G Gauze with Soft Port

RENASYS-F Foam with Soft Port

**RENASYS dressing application**

**Completed**

**Not completed**

Discuss indications, contraindications, warnings and precautions for use of NPWT

Troubleshoot loss of seal at dressing site (if applicable)

**RENASYS GO device**

Demonstrate basic functionality of the device to include on/off, starting therapy, and continuous and intermittent modes

Identify the battery life associated with the device and the therapy time remaining after the “low battery alarm” sounds

Identify Lock/Unlock control

Demonstrate ability to change canister per protocol

**NPWT Clinical and Product Support**

- **Clinical Hotline 1-800-876-1261**
- **Reimbursement Hotline 1-888-705-0061**

**Additional information available at: [www.smith-nephew.com](http://www.smith-nephew.com)**

For detailed product information, including indications for use, contraindications, effects, precautions and warnings, please consult the product’s Instructions for Use (IFU) prior to use.