

RENASYS TOUCH

Competency checklist performance criteria



RENASYS[®] TOUCH

Negative Pressure Wound Therapy

Supporting healthcare professionals for over 150 years

Name _____ Date: _____

Check which dressing kit was utilized:

Evaluator _____

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 TOUCH device functionality		
Demonstrate basic functionality of the device to include on/off, starting therapy, and continuous and variable 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		
Demonstrate ability to address a leak and blockage alarm		
Demonstrate ability to adjust the alarm volume, compression rate, device mode, language and time zones from the settings menu		
Demonstrate ability to access patient log screen and pump activity history		
Demonstrate the ability to navigate through the help menu		

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

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