## **RENASYS EDGE**

Competency checklist performance criteria

**Smith**Nephew

RENASYS EDGE Negative Pressure Wound Therapy System

Name:			
Date:			
Evaluator:			

## Check which dressing kit was utilized:

**RENASYS** dressing application

RENASYS dressing kit: RENASYS-G Gauze with Soft Port

RENASYS-F Foam with Soft Port

Not completed

Completed

reaction	- Compressed	i tot compteted
Discuss indications, contraindications, warnings and precautions for use of NPWT		
Troubleshoot loss of seal at dressing site (if applicable)		
RENASYS EDGE 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

- 24/7 Clinical Hotline 1-800-876-1261
- Reimbursement Hotline 1 866-988-3491 Monday through Friday 8:00AM to 7:00PM ET

## 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.

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