

OmniLab Advanced +

Sleep lab competency checklist

Assessed: _____ Assessor: _____ Date: _____

Goals	Date goals were met	Assessor
Principles of operation		
1. Describe the intended use of the device. ☐ Designated patient populations ☐ Describe appropriate delivery environments		
2. Explain the purpose of each item: ☐ CPAP mode ☐ Spontaneous mode ☐ Spontaneous/timed mode ☐ Timed therapy mode ☐ autoSV mode ☐ PC mode ☐ Auto CPAP ☐ Auto Bi-level ☐ AVAPS ☐ AVAPS AE ☐ Flex options ☐ Rise time ☐ Rate ☐ Inspiratory time ☐ Breath rate setting ☐ Volume setting ☐ IPAP _{max} , IPAP _{min} ☐ Maximum pressure ☐ EPAP _{max} , EPAP _{min} ☐ Min pressure support ☐ Max pressure support ☐ Ramp ☐ Unintentional leak/mask type ☐ Total leak ☐ System One Resistance Control		
Setup and operation		
1. Identify the circuit components of the OmniLab Advanced + system: ☐ Heated tube ☐ Non-heated tube ☐ Power cord ☐ White and gray filters ☐ Humidifier		
2. Demonstrate assembly of the device with filters, power supply, and patient circuit, including the indications, setup, and humidifier adjustment.		
3. Demonstrate the steps to access and connect the device to the PSG system.		
4. Demonstrate how to access and modify OmniLab Direct.		

Goals	Date goals were met	Assessor
The clinician will be able to:		
1. Demonstrate how to utilize OmniLab Direct to modify settings specific to each mode of therapy.		
2. Describe how to navigate and interpret the following settings from OmniLab Direct: ☐ Total leak ☐ Respiratory rate ☐ Unintentional leak ☐ Exhaled tidal volume ☐ Minute ventilation		
3. Describe the system alerts and actions to resolve.		
4. Describe the method and issues involved with adding supplemental oxygen.		
Alert conditions and troubleshooting		
1. Demonstrate understanding of device alarms/alerts, including possible causes, and corrective action. Specific alarms/alerts: ☐ Apnea ☐ Patient disconnect ☐ Low minute ventilation ☐ Low tidal volume ☐ Reset therapy meter		
Cleaning and care		
1. Demonstrate the method of cleaning the device and replacement of the filters.		

Assessed signature: _____ Assessor signature: _____

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CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

edoc SB 9/30/13 MCI 4105864

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