

RENASYS GO

Competency checklist performance criteria



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

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.

Advanced Wound Management

Smith & Nephew

Fort Worth, TX 76109
USA

T 727 392-1261
F 727 392-6914

™Trademark of Smith & Nephew
©2018 Smith & Nephew
RNFE14-14397-0818