SimJunior

Quick Function Check Pre- and Post LLEAP Implementation

SimJunior S/N: _____

Equipment: Heartstart defibrillator (optional), stethoscope, BVM

		PRE	POST
1	Confirm spontaneous respirations and presence of respiratory sounds from simulators	☐	☐
2	Confirm tongue edema	☐	☐
3	Check for tonic and tonic clonic seizure	☐	☐
4	Confirm presence of capnograph waveform (Instructor Mode only) on patient monitor to match each respiratory cycle	☐	☐
5	Confirm apnea causes no breathing	☐	☐
6	Confirm presence of Lung sounds	☐	☐
7	Confirm presence of Heart sounds	☐	☐
8	Confirm presence of Bowel sounds	☐	☐
9	Check for vocal sound from head speaker, using the "Yes" vocal sound option	☐	☐
10	Confirm the presence of BP sounds	☐	☐
11	Check to feel each pulse is present and that it is registered as "palpated (finger point)" on the screen	☐	☐
12	Confirm that BVM ventilation produces acceptable chest rise	☐	☐
13	Perform compressions and ensure visual confirmation is given for correct compressions and rhythm ('Compression Icon')	☐	☐
	ECG and Electrical Therapy (Optional) **Warning:** All standard safety precautions when using the defibrillator on the simulator must be taken and Cautions & Warnings in the SimJunior Direction for Use (DFU) must be followed.		
14	Confirm that Lead I, II, III display properly (Sinus Rhythm)	☐	☐
15	With running rhythm set at Ventricular Tachycardia and waiting rhythm at Sinus Rhythm, shock with the defibrillator set at 200 joules and normal sinus rhythm should appear.	☐	☐

	Check to see if shock icon illuminates and the manikin converts back to Sinus Rhythm.			
	Network testing of the system			
16	Test the network setup of the system (manikin, Instructor PC, PM, SimPad) **E.g.** PC – Manikin – SimPad PC – ELO - Manikin **NOTE:** In the SR for this setup, please file the network diagram for future need and troubleshooting	☐	☐
	Debrief System (if applicable)			
17	If the manikin is connected to a debrief system (SimView) run one minute of recording and confirm playback is ok **NOTE:** 3rd party debriefing system is not included in the Legacy to LLEAP Implementation Service	☐	☐

Comments:

Test performed by: _____

Customer Signature: _____   **Date:_____**

sheet to be attached to Implementation SR