

**ROTEM Delta**  
**Point of Care Coagulation Monitor – Testing and Interpreting**  
**POC coagulation**

Complete this front sheet fully and return it to the local OLM Administrator for your Department.

<b>Name (block capitals)</b>	
<b>Role</b>	
<b>Department</b>	
<b>Work Telephone Number</b>	

Having answered yes I declare that I am competent to use this device without further training.

Signed:

Date:

I certify that the above person has undergone competency training

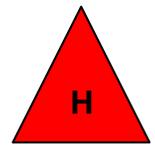
Key Trainer/Assessor

Signature:

Date:

July 2011  
Review date  
July 2012

Competency Statement



**HIGH RISK DEVICE – STOP**  
**Do not use high risk equipment unless you are competent to do so**

<b>Name:</b>		
<b>Job Title:</b>	<b>Department:</b>	
<b><u>Competency to use the device must be demonstrated to a key trainer/assessor following training</u></b>		
Responsibility remains with the user, if you are in any doubt regarding your competence to use this device you should seek further training and education.		
Equipment competency can be achieved by:		
<ul style="list-style-type: none"> <li>attending informal and formal training sessions</li> <li>supervised practice with a peer, mentor, or clinical teacher</li> <li>reference tools – equipment manuals/ user guides, Biomedical engineers and company representatives</li> </ul>		
Carry out an initial assessment. You must be able to answer YES to all the questions below before considering yourself competent to use this device.  If you cannot answer YES to all the initial questions, undertake education/training and then repeat the questioning process until you are able to answer YES to all the questions.  Once you have undergone training, your key trainer/assessor must sign the statement below to say that you are competent to use this device.	Initial Assessment          <b>Date:</b>	Final Assessment Following education / training          <b>Date:</b>
<b>Competency Checklist? Can You;</b>		
<b><u>Understand the basic principles of ROTEM testing</u></b>		
Understands basic mechanics of machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of storage requirement of reagents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands time frame for results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware that results must always be related to patient condition.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Understand which patients may benefit from ROTEM testing</u></b>		
Aware of indications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to provide brief explanation to patient/family about test and results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of those not suitable for testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identifies appropriate point in management for testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Demonstrates understanding of sampling process</u></b>		
Able to explain process including risks to patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of sample tube needed and fill requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands need to correctly label sample	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to correctly dispose of sharps	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Able to correctly set-up and run ROTEM test</u></b>		
Understands need to follow S.O.P.		
Able to turn on/wake-up machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to enter testing module	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to set up cups/pins	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to enter details correctly using barcode	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to respond to machine prompt of test failure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of need to print results for patient record	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands ending of test including clean up	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Understands need to dispose of any clinical waste appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Interpreting the ROTEM results</u></b>		
Aware of common values reported and their relevance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands how to access results at their workstation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to interpret normal results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands potential product requirements with abnormal results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands need to re-assess following treatment or changing clinical situation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seeks advice if unsure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of case of massive haemorrhage to follow separate guideline	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Key Staff Only</u></b>		
Aware of need for regular quality assurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to carry out quality assurance tests according to S.O.P.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understands interpretation of batch specific results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of stepwise procedures in event of abnormal QA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to correctly record QA results	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aware of need to stock control disposables at QA and record appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Original source of training.</b> External to Trust (e.g. company representative) Other please specify:		<b>Cascade</b>
<b>Statement: I certify that the above person has undergone competency training. Key Trainer/Assessor</b>		
<b>Signature:</b>	<b>Date:</b> /     /	
<b>Statement:</b> Having answered YES to all the questions above I declare that I am competent to use this device without further training		
<b>Signature:</b>	<b>Date:</b> /     /	
Manager to retain this form in Departments Medical Devices File. Please forward front copy to OLM clerk to be uploaded onto OLM.		
<b>Competency owned by the Hospital Transfusion Team</b>		