# Requesting Hospital Checklist for Sending and Receiving Provincial High Flow Nasal Cannula System (Airvos™ 2)

**To be completed upon receiving High Flow Nasal Cannula (Airvo™ 2) units and prior to returning to Host Hospital**

***Please complete one form per High Flow Nasal Cannula (Airvo*™ 2) *unit (to be filed at your hospital)***

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Hospital Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Lead (Name and Title):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number and Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Airvo™ 2 unit being (check one):** [ ]  **Shipped** [ ]  **Received**

|  |  |
| --- | --- |
| **Host Hospital Name** | **Host Hospital Contact Name and Number** |
|  |  |
| **Type of Unit** | **Date Shipped / Received** |
| High Flow Nasal Cannula System (Airvo™ 2) |  |
| **MOH Asset Tag Number** | **Hospital Tag Number** | **Serial Number** |
|  |  |  |

| **Action** | **Status** | **Date** | **Initials** |
| --- | --- | --- | --- |
| Vendor information on the Airvo ™ 2 unit | [ ]  **No** [ ]  **Yes** |  |  |
| Biomedical electrical check | [ ]  **No** [ ]  **Yes**  |  |  |
| Passed the following tests:Heater plateCheck for leaksCheck for blockagesCheck tubePower out | [ ]  **No** [ ]  **Yes** [ ]  **No** [ ]  **Yes** [ ]  **No** [ ]  **Yes** [ ]  **No** [ ]  **Yes** [ ]  **No** [ ]  **Yes**  |  |  |
| Air filter present and filter cover attached | [ ]  **No** [ ]  **Yes** |  |  |
| Disinfection counter | Number: |  |  |
| Wipe down with hospital approved cleaning solution | [ ]  **No** [ ]  **Yes**  |  |  |
| Check overall condition of the Airvo | [ ]  **Very Good** [ ]  **Good** [ ]  **Poor**  |  |  |
| Keyboard/Panel buttons condition | [ ]  **Very Good** [ ]  **Good** [ ]  **Poor**  |  |  |
| Trolley/stand condition - casters | [ ]  **Very Good** [ ]  **Good** [ ]  **Poor**  |  |  |
| Display condition (scratches/pitting/brightness) | [ ]  **Very Good** [ ]  **Good** [ ]  **Poor**  |  |  |
| Power cord attached | [ ]  **No** [ ]  **Yes**  |  |  |
| Basket attached | [ ]  **No** [ ]  **Yes**  |  |  |
| High flow O2 meter and hose with DISS connection included | [ ]  **No** [ ]  **Yes**  |  |  |
| Disinfection hose and filter attached | [ ]  **Very Good** [ ]  **Good** [ ]  **Poor**  |  |  |
| Air intake filter sent | [ ]  **No** [ ]  **Yes** [ ]  **N/A** Number: |  |  |
| Air intake filter returned | [ ]  **No** [ ]  **Yes** [ ]  **N/A** Number: |  |  |
| Circuits sent | [ ]  **No** [ ]  **Yes** [ ]  **N/A** Number: |  |  |
| Circuits returned | [ ]  **No** [ ]  **Yes** [ ]  **N/A** Number: |  |  |
| Comments for items marked as ‘poor’: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard Biomedical Test** | **Pass** | **Date** | **Signature** |
| Performed by: | [ ]  **No** [ ]  **Yes** |  |  |
| **Biomedical Engineering Electrical Safety Test** | **Pass** | **Date** | **Signature** |
| Performed by: | [ ]  **No** [ ]  **Yes** |  |  |
| **Respiratory Therapy Department Functionality Test** | **Pass** | **Date** | **Signature** |
| Performed by: | [ ]  **No** [ ]  **Yes** |  |  |

**This form was completed by:**

|  |
| --- |
| **Name:** |
| **Position:** | **Contact Number:** |
| **Signature:** | **Date:** |