

Questions with asterisk (*) are non-essential, i.e, a candidate would not fail if this task is not completed

LEVEL 2 MACHINE CHECK PRACTICAL – LAMTEC NATIONAL ASSESSMENT – ANAESTHETIC TECHNOLOGY I

Trainee

Training Hospital

Date of Assessment

PRELIMINARY TESTS

	Yes	No		Yes	No
* Gas Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	Laerdal bag & O ₂ tubing	<input type="checkbox"/>	<input type="checkbox"/>
Datex Monitor 'ON'	<input type="checkbox"/>	<input type="checkbox"/>	Machine drained of all gases	<input type="checkbox"/>	<input type="checkbox"/>
Monitor Low O ₂ Alarm – 18%	<input type="checkbox"/>	<input type="checkbox"/>	Machine moves freely.	<input type="checkbox"/>	<input type="checkbox"/>
Monitor O ₂ analysis – 21%	<input type="checkbox"/>	<input type="checkbox"/>	Check 'Service' date	<input type="checkbox"/>	<input type="checkbox"/>
Soda lime canister / drainage plug	<input type="checkbox"/>	<input type="checkbox"/>	* Back-up Battery Power Supply/ Uninterrupted Power Supply	<input type="checkbox"/>	<input type="checkbox"/>
Defend / date / analysing line	<input type="checkbox"/>	<input type="checkbox"/>	Sampling Return line insitu	<input type="checkbox"/>	<input type="checkbox"/>

GAS CYLINDERS – HIGH PRESSURE SYSTEM

	Oxygen		Nitrous Oxide			
	Yes	No	Yes	No		
Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PIPELINE SUPPLY - LOW PRESSURE SYSTEM ONE GAS TESTING

All flowmeters open	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

	Pipeline Pressure	
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>
Air	<input type="checkbox"/>	<input type="checkbox"/>
Nitrous Oxide (see N ₂ O tests)	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Oxygen	<input type="checkbox"/>	<input type="checkbox"/>

Gas Analysis	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Flowmeters	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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Nitrous Oxide Tests			
- No flow without oxygen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- 50-50 at 2 litres - O₂ and N₂O	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Cylinders (if applicable)

- Anti-hypoxic ratio confirmed 3-1	High Flows Low Flows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Flowmeters		<input type="checkbox"/>	<input type="checkbox"/>
- Oxygen failure alarm / display and N ₂ O cut off		<input type="checkbox"/>	<input type="checkbox"/>

TUG TEST ALL

Vaporisers	<i>(Both vaporisers)</i>				
<i>Bouncing bobbin with vaporiser removed</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	<i>Bouncing Bobbin vap / off position</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	<i>Maximum setting</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	<i>Bouncing bobbin vap / low setting</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	<i>Contents</i> Yes No <input type="checkbox"/> <input type="checkbox"/>	<i>Filling Ports closed</i> Yes No <input type="checkbox"/> <input type="checkbox"/>

Oxygen Flush Yes No

Circle Absorber & Circuit					
Filter included in circuit	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Leak test	Scavenging		2-bag test		APL Function
Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	

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Ventilator			
Leak test	5L Flow PEEP ≤ 3cm H ₂ O		
Yes No	Yes No		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Check VCP settings	Confirm Cycling on low flows		
Yes No	Yes No		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

* VCP settings confirmed as per hospital guidelines:

TV	Rate	1: E Ratio		
Yes No	Yes No	Yes No		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

High pressure alarm			
	Yes	No	
Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Display	<input type="checkbox"/>	<input type="checkbox"/>	
Low pressure alarm			
	Yes	No	
Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Display	<input type="checkbox"/>	<input type="checkbox"/>	

Machine left ready for use	Yes	No
- Ventilator 'OFF'	<input type="checkbox"/>	<input type="checkbox"/>
- APL open	<input type="checkbox"/>	<input type="checkbox"/>
- Key on Oxygen cylinder	<input type="checkbox"/>	<input type="checkbox"/>

Suction		
- Adequate length tubing	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
- Both tests carried out	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
- Correctly assembled	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
- Reaches maximum negative pressure = - 60Kpa	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Auxiliary Equipment		Yes	No
- Face mask		<input type="checkbox"/>	<input type="checkbox"/>
- 2 functioning laryngoscope blades No 3 & No 4		<input type="checkbox"/>	<input type="checkbox"/>
- Syringe		<input type="checkbox"/>	<input type="checkbox"/>
- Guedal airways – selection of sizes		<input type="checkbox"/>	<input type="checkbox"/>
- Stilettes and bougies		<input type="checkbox"/>	<input type="checkbox"/>
* - Magills		<input type="checkbox"/>	<input type="checkbox"/>
Available			
ET tubes		<input type="checkbox"/>	<input type="checkbox"/>
LMAs		<input type="checkbox"/>	<input type="checkbox"/>

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