

Facility Name: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Circle One:                      Satisfactory Completion                      Further Review Needed

**Clinician's Goals**

Trainer Initials

1. Describe the intended use and contraindications of the BiWaze Cough System	
2. Describe the main control interfaces on the outside of the device  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Handle</p> <p>Power Switch</p> <p>AC Power Inlet</p> <p>Air Inlet Filter</p> </div> <div style="width: 45%;"> <p>HDMI Port</p> <p>USB Ports</p> <p>Internal Battery</p> </div> </div>	
3. Setup the system for therapy by assembling patient breathing circuit, connect to AC power and switch on the device	
4. Describe the Auto therapy mode and features available for patient comfort (PAP on Pause, oscillations, inspiratory trigger)	
5. Demonstrate how to program an Auto therapy for a typical treatment and features available for patient comfort (PAP on Pause, Oscillations, Flow)	
6. Demonstrate how to run an Auto therapy and describe the information being displayed on the screen	
7. Demonstrate how to program an Advanced therapy and save it as a therapy profile	
8. Describe the Manual therapy mode	
9. Demonstrate how to program a Manual therapy and describe the information being displayed on the screen	
10. Demonstrate how to run a Manual therapy for a typical treatment	
11. Explain why you would lock the device for home users and demonstrate how to lock	
12. Demonstrate how to clean the device and patient breathing circuit	
13. Describe the maintenance needed and how to contact customer support	

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_