## BiWaze<sup>®</sup> Clear

## Clinician Competency Checklist

Facility Name:				
Clinician's Name:		Date:	Date:	
Trainer's Name:				
Circle One: Satisfac	tory Completion	Further Review Needed		
Clinician's Goals			Trainer Initials	
1. Describe the intended use and contraindications of the BiWaze Clear System				
2. Explain the mechanism of action for the OLE therapy delivered by BiWaze Clear				
3. Assemble the Dual Lumen Breathing Circuit, connect to AC power and switch on the control unit				
4. Demonstrate how to fill and use the Aerogen <sup>®</sup> Solo nebulizer				
5. Review the proper patient positioning and technique for each therapy interface				
6. Describe the Auto therapy mode and Manual therapy modes as well as the benefit of therapy profiles				
7. Demonstrate how to program an Auto therapy for a typical treatment and how to save therapy profiles				
8. Demonstrate how to run an Auto therapy and describe the information being displayed on the screen				
9. Demonstrate how to program a Manual therapy and describe the different phases				
10. Demonstrate how to run a Manual therapy to find therapy settings comfortable for a patient				
11. Explain why you would lock the device for home users and demonstrate how to lock the control unit				
12. Demonstrate how to clean the control unit and the Dual Lumen Breathing Circuit				
13. Describe which components stay with the control until and which are disposable				
Clinician Signature: Date:		Date:		
Trainer Signature: Date:				

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