

B | Braun CME Twins Pump Evaluation Form

NAME: _____ Base/Date: _____

	Excellent	Acceptable	Unacceptable	N/A
<i>EASE OF USE</i>				
Loading tubing	5	3	1	<input type="checkbox"/>
Locating a drug in the library	5	3	1	<input type="checkbox"/>
Programming infusion data	5	3	1	<input type="checkbox"/>
Titrating rate/dose	5	3	1	<input type="checkbox"/>
Addressing Alarms	5	3	1	<input type="checkbox"/>
Administering a bolus?	5	3	1	<input type="checkbox"/>
Size / weight of pump	5	3	1	<input type="checkbox"/>

SAFETY

Certainty adjusting correct channel	5	3	1	<input type="checkbox"/>
Quick and simple to transport	5	3	1	<input type="checkbox"/>
Keypad design for navigation	5	3	1	<input type="checkbox"/>
Battery Life	5	3	1	<input type="checkbox"/>

SUPPORT

Pump is clinically acceptable	5	3	1
# of times pump was used?	10+	5-10	>5
Did you attend an in-service?	YES	NO	

ADDITIONAL COMMENTS ABOUT THE CME TWINS DUAL CHANNEL PUMP: