<u>Aestiva</u>
Anesthesia Machine Checkout
North Carolina Baptist Hospital
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Machine Turned Off to STANDBY:
1. Vaporizer agent level and fill.
2. Vaporizer locks, and interlocks while performing low pressure check.
3. Auxiliary oxygen flow meter.
4. Check carbon dioxide absorbent, gas sampling line, water trap.
5. Occlude Y-piece and perform static ventilator leak check.
6. Ventilator relief valve, scavenger suction, and oxygen flush.
7. Patient suction. Walk around machine.
8. Back-up ventilation bag, jet ventilator, emergency LMA.
9. Oxygen pipeline and cylinder pressures; turn cylinders OFF.
10. Cut main circuit switched off; turn on machine to check battery.
11. Switch main circuit back on and return to front of machine.

Machine Turned ON:
1. Minimum oxygen flow, calibration, and alarm.
2. Flow sensor calibration.
3. Press moisture drain button. Set ventilator parameters.
4. Breathing circuit leaks and alarms for high pressure, continuing pressure.
5. APL calibration, scavenger relief, negative pressure.
6. Oxygen monitor now reads > 90%.
7. Manual ventilation, unidirectional valves, volume measurement, apnea alarm.
8. Mechanical ventilation, leaks, pressure limiter.
9. O2/N2O ratio controller, flow controls, minimum PEEP.
10. Return to manual vent.
11. Vaporizer back-pressure test.
12. Adjust all alarms, then standby with “exit room” feature.
13. Integrity of circuit (during pre-oxygenation)
14. Vaporizer output verification (during case)
15. Document completion of checkout.
16. TIME OUT: Oxygen? Agent? Absorbent? Pressure? Monitoring? Alarms?

Between Cases:
1. Gas flows off.
2. Flow sensor calibration.
3. Absorbent check.
4. Breathing circuit and sampling line for leaks.
5. Alarms and parameters reset then standby.

End of Day:
1. Machine, suction, monitors OFF.