

Children's Hospital of Philadelphia
Department of Anesthesiology

ANESTHESIA PROVIDER
APOLLO ANESTHESIA MACHINE CHECKOUT RESPONSIBILITIES

Preparing for the Start of the Day:

1. **Verify that backup** Mapleson Circuit and Oxygen cylinder are available and cylinder contains > 1000 psi pressure. Verify presence of self-inflating resuscitation bags.
2. **Power up the machine.** If power is on and Self Test was completed more than 12 hours previously, turn power off and then on in preparation for the power up Self Test.
3. **Read and Follow all of the Manual and Automated Checkout Directions.**
4. **Adjust Scavenger vacuum so that the float indicator is between the sight glass markings.**
5. **Confirm that gas flows through circuit during both inspiration and expiration.** Attach a second reservoir bag to the circuit and squeeze both bags alternately to confirm to and fro gas flow.
6. **Confirm availability and function of monitors and supplies.**
7. **“Pause” to confirm ventilator settings and readiness to deliver anesthetic care.**

Prior to Each Case:

1. **Review and confirm technician setup.** Time of last leak test can be confirmed by pressing the “Leak Test” button.
2. **Verify patient suction.**
3. **Confirm that gas flows through circuit during both inspiration and expiration.** Attach a second reservoir bag to the circuit and squeeze both bags alternately to confirm to and fro gas flow.
4. **Verify vaporizers filled and filler caps closed.**
5. **Confirm availability and function of monitors and supplies.**
6. **“Pause” to confirm ventilator settings and readiness to deliver anesthetic care.**

ANESTHESIA TECHNICIAN
APOLLO ANESTHESIA MACHINE CHECKOUT RESPONSIBILITIES
ABBREVIATED

Preparing for the Start of the Day:

(Night before for closed rooms. Morning of surgery for rooms used overnight)

1. Select stand-by mode if not already done.
2. Check Emergency oxygen tank and Mapleson circuit
3. Check power cord, pipeline, and cylinder gas supplies
4. Check auxiliary oxygen flow meter
5. Check Carbon dioxide absorbent: replace if necessary
6. Check Scavenger vacuum setting
7. Check that patient suction is functional and clean tubing attached
8. Verify availability of patient monitoring supplies
9. Assemble the circuit with accessories (e.g. humidifier, gas sampling line, water trap connections)
10. Perform the automatic "Leak Test"
11. Turn off any gas that may be flowing
12. Power-down the machine.

In preparation for each case:

1. Select stand-by mode if not already done.
2. Check that patient suction is functional and clean tubing attached
3. Check carbon dioxide absorbent: replace if necessary
4. Assemble the circuit with accessories
5. Place in "Stand-by Mode"
6. Perform the automatic "Leak Test"
7. Place into "Stand-by Mode" with ALL fresh gas flows OFF

NOTE: The goal of these procedures is to prepare each machine for use by the anesthesia provider for each case and to insure that emergency equipment is always functional and available in each room. The anesthesia providers will perform a power up self test at the start of each day. Machines used overnight should be set up prior to the first case of the day following the procedures for Preparing for the Start of the Day.

ANESTHESIA TECHNICIAN
APOLLO ANESTHESIA MACHINE CHECKOUT
RESPONSIBILITIES
DETAILED

Preparing for the Start of the Day:

(Night before for closed rooms. Morning of surgery for rooms used overnight)

1. Select stand-by mode if not already done.

Press Stand-by mode button and press confirm knob

2. Check Emergency oxygen tank and Mapleson circuit

Open emergency oxygen supply tank valve and confirm pressure is greater than 1000 psi. Turn on oxygen and check that attached Mapleson circuit holds pressure. Close tank valve.

3. Check power cord, battery supply, pipeline, and cylinder gas supplies

Check that power indicator shows AC power active and battery is not depleted (>50%). Pipeline pressure should exceed 50 psi. Open oxygen cylinder and confirm pressure > 1500 psi. Close oxygen cylinder.

4. Check auxiliary oxygen flow meter

Turn on auxiliary oxygen and confirm flow. Turn off auxiliary oxygen.

5. Check Carbon dioxide absorbent: replace if necessary

Replace absorbent canister if purple indicator is showing. Replace Sunday evening for every machine.

6. Check Scavenger connections and vacuum setting

Confirm that scavenger hoses are connected to the anesthesia machine and the hospital waste gas suction. Confirm that float indicator is between the two marks on the site glass.

7. Check that patient suction is functional and clean tubing attached

Attach clean tubing to suction canister, verify suction and crimp tubing and place suction in holder.

8. Verify availability of patient monitoring supplies

Check inventory of cables and monitoring supplies (Blood pressure cuffs, extra recorder paper, etc.)

9. Assemble the circuit with accessories (e.g. humidifier, gas sampling line, water trap connections)

Attach circuit and desired accessories to the machine.

10. Perform the automatic “Leak Test”

Select the Leak Test on the machine display. If a leak > 150 mls/min is indicated and the source is not identified the machine should be labeled clearly and reported to Biomedical Engineering.

11. Turn off any gas that may be flowing

Turn off gas flow control valves

12. Power-down the machine.

Press the power off button.

In preparation for each case:

1. Select stand-by mode if not already done.

Press Stand-by mode button and press confirm knob

2. Check that patient suction is functional and clean tubing attached

Attach clean tubing to suction canister, verify suction and crimp tubing and place suction in holder.

3. Check carbon dioxide absorbent: replace if necessary

Replace absorbent canister if purple indicator is showing. Replace Sunday evening for every machine.

4. Assemble the circuit with accessories

Attach circuit and desired accessories to the machine.

5. Place in “Stand-by Mode”

Press Stand-by mode button and press confirm knob

6. Perform the automatic “Leak Test”

Select the Leak Test on the machine display. If a leak > 150 mls/min is indicated and the source is not identified the machine should be labeled clearly and reported to Biomedical Engineering.

7. Confirm “Stand-by Mode” with ALL fresh gas flows OFF