

Biomedical Infusion Pump Staging Area - Requirements

This document lists guidelines and recommendations for the environmental considerations related to the staging area where the Medfusion® 4000 syringe infusion pumps or CADD®-Solis v4 infusion pumps will be prepared for implementation.

Item	Description	Comments
Location	Sufficient space to accommodate the entire number of pumps to be prepared is required. The location should be away from clinical areas as to not impact patient care and should be well ventilated and secure. The area will require room to accommodate packing materials and staging areas for each required task for all newly purchased pumps.	
Wireless Connectivity	Confirm wireless connectivity in the area. This connectivity should match the same settings required by the pumps in their clinical settings. This includes any future SSID settings, security settings, and encryption keys.	
Power and Power Strips	Customer will provide power strips and additional extension cords as required so that batteries can be charged.	
Storage Space	The Medfusion® 4000 syringe pump and CADD®-Solis v4 pump should not be placed on the floor during storage or charging. It is recommended that the customer provides shelving or carts for this purpose.	
Tables and Chairs	Depending on the number of pumps being deployed, provide a sufficient number of work stations, including at least one table and a chair per station. 2 - Attaching pole clamps, power cords, lockboxes, communication modules 1 - Incoming inspection 1 - Pump wireless configuration	
Restrooms and Food	For logistical reasons, the staging area should be within the hospital and with access to restrooms and food areas for the installation team.	
Building Access and Parking	The customer shall inform Smiths Medical of any vendor requirements including credentialing and authorization documents necessary to gain access to the hospital and staging area. Parking and hospital entry shall be identified with special consideration being given to after-hours accessibility.	

Form completed by customer _____ Date _____

Reviewed by Smiths Medical _____ Date _____

Space identified (Y/N)? _____ Space suitable (Y/N)? _____

Building _____ Floor _____ Room _____

Additional comments _____

Key contact information to coordinate at customer site _____

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