

1. Setting up your equipment:

Home Use:

- Fill bag and hang on IV Pole.
- Attach feeding set to pump.
- Pump should be set to OFF before plugging into electrical outlet.
- Plug Input 120 V, 60Hz, 200 Ma

Portable:

- Check for battery charge before travel.
- Fill bag.
- Attach to pump.
- Place into travel bag/backpack.

Kangaroo E-Pump



Kangaroo Joey Pump



Zevez Infinity Pump



Kangaroo Pump Set



Zevex Infinity Pump Set

2. Using your equipment:

- Program pump to desired feeding rate, as instructed.
- Prime pump
- Attach patient to pump set
- Start pump

3. Frequently replaced items:

- Pump sets-change every 24 hours
- Extension sets-change weekly
- Syringes-wash after use and re-use



Extension Set



Syringe

5. Safety Issues:

- Alarm Sounding:
 - Check for kink(s) in the tubing.
 - Check for empty bag (do not operate pump with empty bag)
 - Check for low battery
 - Check for clogging in the line. Ensure tubing clamp (if using) is not clamped.
 - Be sure all bags and tubing are compatible with the pump you are using.

6. Maintenance:

- The pump exterior of the pump can be wiped off with a damp wash cloth and soapy water.
- Pump should be turned off or recharge battery (if available) when not in use.
- Pump should be plugged in at all times whenever possible.
- DO NOT SUBMERGE THE Kangaroo or Joey pump. The Zevex Infinty pump is submergible in water if soiled.

ENFit Change

ENFit is an ongoing global change to make all enteral (tube feeding) connections specific to tube feeding. Every extension set, syringe, long tube/PEG, and NG-tube will be designed with a specific ENFit twisting connections, ensuring only ENFit feeding products can connect together.

*** Please contact your local CareLinc provider for any questions, adjustments, or repairs. ***

OXYGEN CALL LIST

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ **Automatic Stop** ☐ Call Weekly ☐ Every 2 Weekly ☐ Call 6 months ☐ Call Annually

(except MCR 3-5 yr customers, identify who called in the order and how much they have left)

Note:

1. Customers must be aware of their delivery day. They should call before noon on the business before their delivery day. We should not have "will call us" customers! After the first month, homefill **and** night time customers **with** internal filter concentrators will be called and have a home PMI at least every 6 months. Night time customers **without internal filters** must have a home PMI annually.
2. When making oxygen calls, if a customer only has 1-2 empty tanks, see if they have enough full tanks to last them another week.
3. Check on all **repeat supplies** with every 6 month / annual check. I.e. neb kits and filters, cpap / bipap supplies, etc
4. **Confirm** address, insurance and physician information with every supply order.

Name: _____ Phone: _____
(always make calls while looking at and updating the customers information in the computer)

(circle) **OXL OXQ OXM OXE OXD OXC OXB**

(circle) Home-Fill Cylinder: **Continuous** **Conserver** or **Helios** or **Conserver**

Comments/Supplies: _____

Other Equipment: _____

(circle) Rental Air Compressor with internal filter or **Rental Enteral Pump**

Annual check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

Annual check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

(use form ADFM024 for all oxygen set ups, all rental swaps, and rental equipment checks)

Concentrator Set up date _____ **internal filter = every 6 months / no internal filter = annually**

Physicians order: LPM _____ Duration _____ (check most current prescription / CMN on on-base, see DTW1004.)

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

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Account #: _____

