

Hospital:

Unit:

RCP/RN:

Date:

Please rate the performance of the VENT-TIE® according to the following criteria:

5 = Exceptional

2 = Poor

4 = Very Good

1 = Unacceptable

3 = Good

0 = Not Able to Rate

Return the Completed Evaluation form to your Product Evaluation Coordinator – Thank You

Adult Application

Pediatric Application

<u>Performance Factors Rating</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>TOTAL</u>	<u>COMMENTS</u>
1-Ease of Use in Clinical Unit	5	4	3	2	1	0		
2-Ease of Application	5	4	3	2	1	0		
3-Stability of VENT TIE®	5	4	3	2	1	0		
4-Patient Comfort	5	4	3	2	1	0		
5-Prevents Disconnection	5	4	3	2	1	0		
6-Overall Performance	5	4	3	2	1	0		
Total (add all ratings/divide by 6)								

1) **Does the Vent Tie® meet your patient and clinical needs?** Yes No Because _____

2) **Does the Vent Tie® save time?** (For example: Everything packaged in one bag, don't have to cut my own strap, don't have to search for rubberbands, etc) Yes No Because _____

3) **How many times did you apply the Vent Tie® during the evaluation?** _____

4) **Additional Comments:** _____

PRODUCT: Vent-Tie® # 401, Vent-Tie II® # 402, & Vent Straps® # 403-Ventilator AntiDisconnect straps

See www.peppermedical.com for Instructional Videos, Instructions for Use, & Protocols Samples

Email completed evaluation forms to Andrew@peppermedical.com or fax to 610-692-8468