SAMPLE Device Pre-Selection Worksheet

Type of Device:_____ **Brand:**_____ **Manufacturer:**_____

Clinical Considerations		Does this consideration apply to this device?		If Yes, what is the level of importance?		
		No	Yes	High	Med	Low
Procedural Implications for Healthcare Provider	Device use will require a change in technique (compared to conventional product).					
	Device permits needle changes.					
	Device permits reuse of the needle on the same patient during a procedure (e.g., local anesthesia).					
	Device allows easy visualization of flashback.					
	Device allows easy visualization of medication.					
	Other:					
	Comment:					

Other Considerations		Does this consideration apply to this device?		If yes, what is the level of importance		
		No	Yes	High	Med	Low
Patient Considerations	Device is latex free.					
	Device has potential for causing infection.					
	Device has potential for causing increased pain or discomfort to patients.					
	Other:					
	Comment:					
Scope of Device Use Considerations	Device can be used with adult and pediatric populations.					
	Specialty areas (e.g., OR, anesthesiology, radiology) can use the device.					
	Device can be used for all the same purposes for which the conventional device is used.					
	Device is available in all currently used sizes.					
	Other:					
	Comment:					