

# Lynx Evaluation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Dept: \_\_\_\_\_

☐ Low Concentration



☐ High Concentration



## A. Prior to using Lynx:

What challenges did you face with other venturi devices? \_\_\_\_\_

\_\_\_\_\_

How did these challenges affect clinical workflow or patient outcomes? \_\_\_\_\_

\_\_\_\_\_

## B. Trialing Lynx:

What prompted you to try our Lynx? \_\_\_\_\_

\_\_\_\_\_

Were there any concerns before trying it? \_\_\_\_\_

\_\_\_\_\_

## C. Results:

How has the Lynx improved clinical outcomes for your patients? \_\_\_\_\_

\_\_\_\_\_

Has any staff provided specific positive feedback? \_\_\_\_\_

\_\_\_\_\_

## D. Operational Benefits:

As Lynx offers multiple FiO<sub>2</sub> ranges without changing adapters, have you experienced any cost savings due to less product waste?

\_\_\_\_\_

Has the Lynx successfully minimized errors in oxygen delivery? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

## E. Anecdotal Evidence:

What would you tell another clinician or hospital considering trying this? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to give a brief, 2-3 sentence testimonial about your experience using the Ray mask or working with Sunset Healthcare in general? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_