Name:_____ **Employee#:**_____

Unit/Dept._____ **Date:** _____

Policy Review: I have reviewed the Point of Care Blood Glucose Testing policy and take responsibility for knowing its contents. Initial and Date of Review_____.

The policy can be accessed on the intranet by following the following steps:

1. Log onto the intranet, Gladiator.
2. Select Policies and Procedures.
3. Type the words "glucose meter" in the search line. Select Search.
4. Click on the specific policy – Lab-0910 *Point of Care Blood Glucose Testing*

Under the supervision of the certified instructor, the operator will be able to verbalize/demonstrate the following:

❑ Turn on the meter and verify QC status and battery status-Code Key Replacement.
❑ Scan the operator ID number from name badge.
❑ Perform a low-level and a high-level quality control test- Demonstrate correct control handling steps and horizontal dosing technique. Use barcode scanner.
❑ Enter the patient ID number – Review Source of MRN/Clinic#- Drop Leading Zeros-Include Check Digit. **Note: CSN# should not be used for Patient ID.**
❑ Review Use of Positive Patient ID-Second Identifier.
❑ Obtain adequate blood sample following correct blood collection procedure
❑ Enter appropriate comments-Chart Result vs. Do Not Chart and Critical Notification comments.
❑ Dock the instrument after each use.
❑ Review storage of test strips and control solutions- Expiration dates and labeling.
❑ Use of memory- review results from meter's database.
❑ Review of 1234567 guidelines- Comment Choice and Required Correction Form.
❑ Meter cleaning with proper documentation.
❑ Isolation procedure - Use test strips within 3 minutes.
❑ Troubleshooting Form- Loaner units available.

Number of correct answers on the Accu-Chek Inform Knowledge test_____
(100% correct = 30 or 29 / <25 = Retest)

This operator has successfully participated in a training session and I have reviewed all incorrect answers with the operator. They have achieved six-month certification status. 6 month recertification is due:

Signature of the Certified Instructor:_____**Date:**_____
Review and Recorded by:_____**Date:**_____