UC DAVIS HEALTH

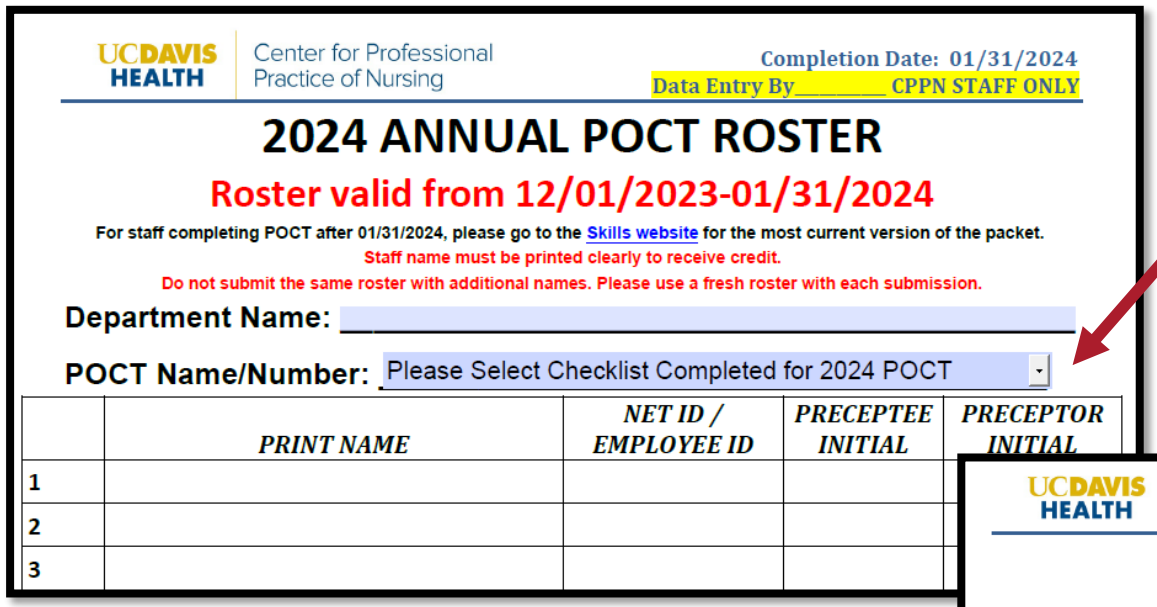
Point-of-Care Waived Testing Train the Trainer

2024

2024 Annual Point of Care Testing

- Departmental Rosters will be sent to each manager and trainers on December 4th, 2023
- If you have not received your rosters by December 6th, 2023, contact CPPN via email
  - hs-cppn@ucdavis.edu
  - Subject Line- Indicate what department you are requesting rosters for
- Staff have from 12/1/2023 until 1/31/2024 to complete assigned POCT eLearning modules and skills checklists and be signed off using departmental rosters.
- Only complete the POCT tests that are assigned to your unit.
- Unit Trainers: **Checklists cannot be signed until the required eLearning module is complete-** Make sure it is the 2024 version
- **Add missing staff to any blank line-** Make sure to print clearly. Leave extra staff listed blank
- Return departmental rosters and signature page by 1/31/2024 to CPPN via email
  - Subject: Annual POCT
  - **Do NOT send checklists**
  - Skills checklists to be completed and retained on the unit for 2 years.
- Staff who fail to meet the January 31st deadline will be unable to perform testing after that date

New Roster Format


UCDAVIS HEALTH | Center for Professional Practice of Nursing

Completion Date: 01/31/2024

Data Entry By_____ CPPN STAFF ONLY

2024 ANNUAL POCT ROSTER

Roster valid from 12/01/2023-01/31/2024

For staff completing POCT after 01/31/2024, please go to the Skills website for the most current version of the packet.

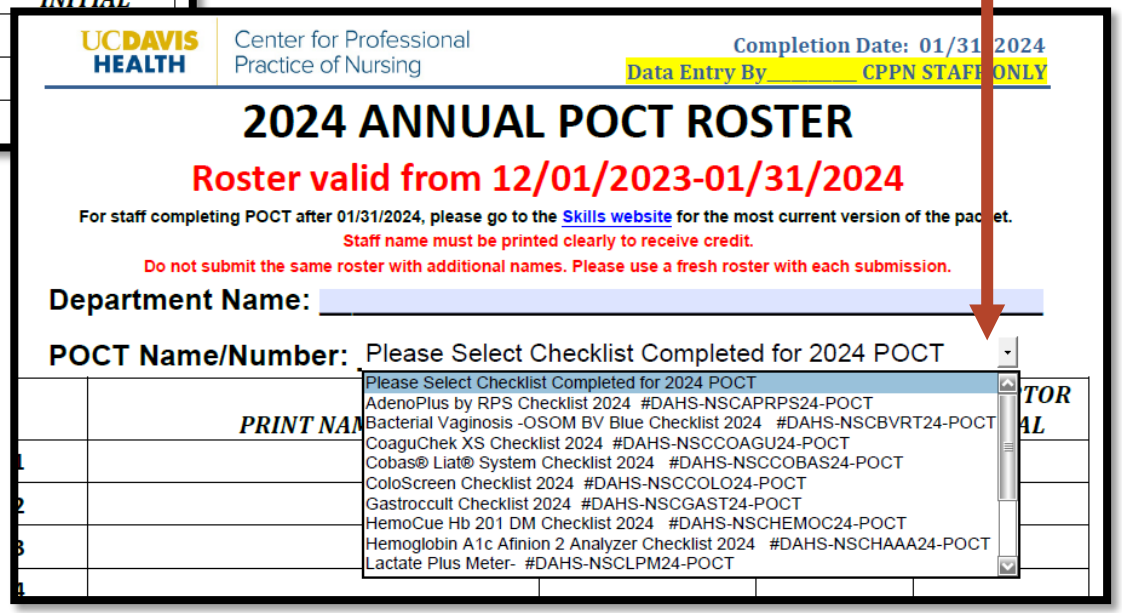
Staff name must be printed clearly to receive credit.

Do not submit the same roster with additional names. Please use a fresh roster with each submission.

Department Name: _____

POCT Name/Number: Please Select Checklist Completed for 2024 POCT

	PRINT NAME	NET ID / EMPLOYEE ID	PRECEPTEE INITIAL	PRECEPTOR INITIAL
1				
2				
3				


UCDAVIS HEALTH | Center for Professional Practice of Nursing

Completion Date: 01/31/2024

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2024 ANNUAL POCT ROSTER

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Staff name must be printed clearly to receive credit.

Do not submit the same roster with additional names. Please use a fresh roster with each submission.

Department Name: _____

POCT Name/Number: Please Select Checklist Completed for 2024 POCT

Please Select Checklist Completed for 2024 POCT
AdenoPlus by RPS Checklist 2024 #DAHS-NSCAPRPS24-POCT
Bacterial Vaginosis -OSOM BV Blue Checklist 2024 #DAHS-NSCBVRT24-POCT
CoaguChek XS Checklist 2024 #DAHS-NSCCOAGU24-POCT
Cobas® Liat® System Checklist 2024 #DAHS-NSCCOBAS24-POCT
ColoScreen Checklist 2024 #DAHS-NSCCOLO24-POCT
Gastroccult Checklist 2024 #DAHS-NSCGAST24-POCT
HemoCue Hb 201 DM Checklist 2024 #DAHS-NSCHEMOC24-POCT
Hemoglobin A1c Afinion 2 Analyzer Checklist 2024 #DAHS-NSCHAAA24-POCT
Lactate Plus Meter- #DAHS-NSCLPM24-POCT

- You will receive only one roster with staff names pre-populated.
- Click on the drop down to select which test you need.
- You will need to **print separate rosters for each test**.
- You can add staff on any blank line

Submit Via Email

1. Initialed Rosters
2. Signature page

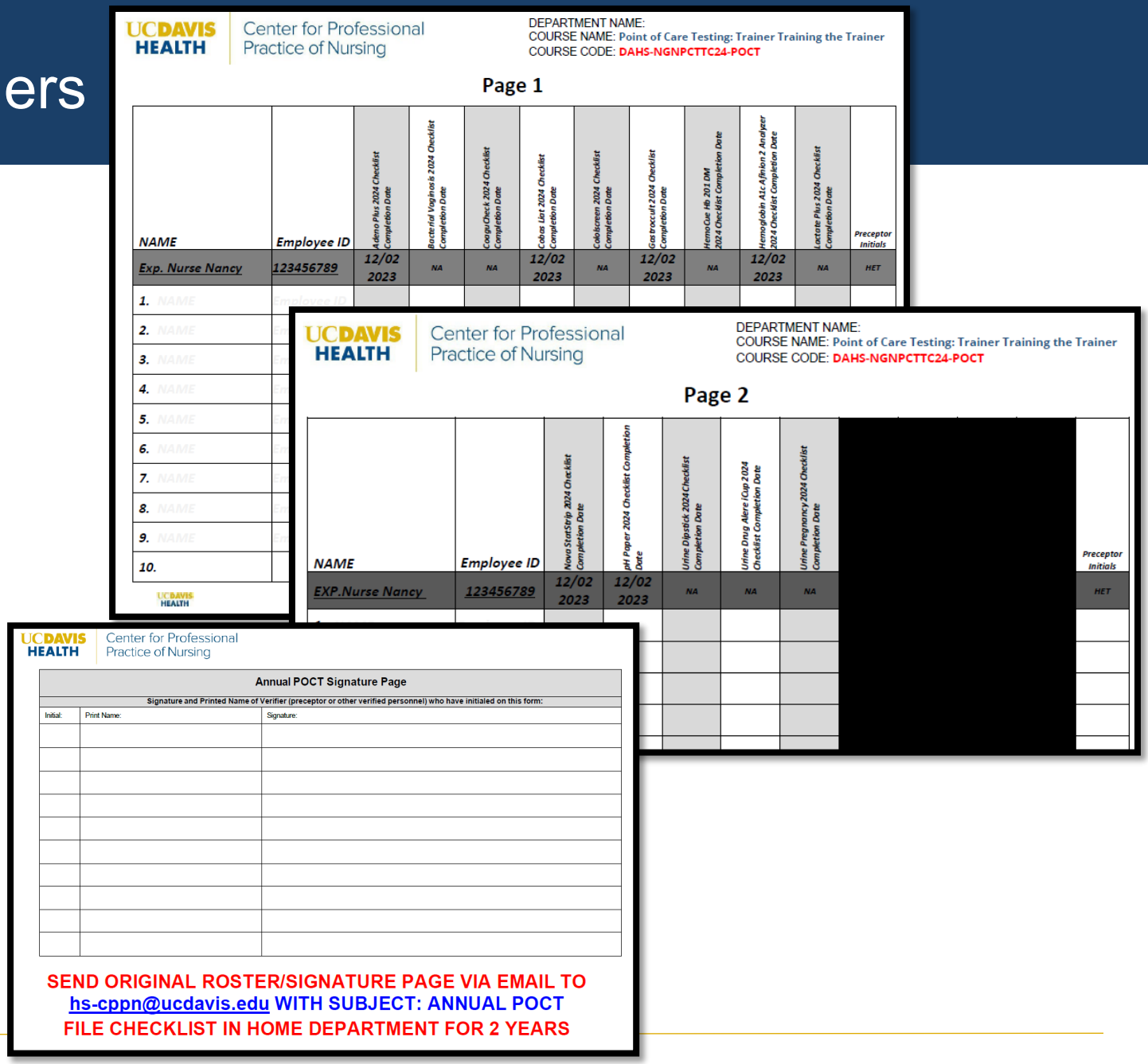
UCDAVIS HEALTH | Center for Professional Practice of Nursing

Annual POCT Signature Page		
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initial:	Print Name:	Signature:

SEND ORIGINAL ROSTER/SIGNATURE PAGE VIA EMAIL TO hs-cppn@ucdavis.edu WITH SUBJECT: ANNUAL POCT FILE CHECKLIST IN HOME DEPARTMENT FOR 2 YEARS

Training Additional Trainers

1. Use this form to train additional trainers after the TTT window
2. Complete this form and signature page for training additional trainers.
3. Scan roster and signature page, then email to CPPN to hs-CPPN@ucdavis.edu



UCDAVIS HEALTH Center for Professional Practice of Nursing

DEPARTMENT NAME:
COURSE NAME: Point of Care Testing: Trainer Training the Trainer
COURSE CODE: DAHS-NGNPCTTC24-POCT

Page 1

NAME	Employee ID	Adeno Plus 2024 Checklist Completion Date	Bacterial Vaginosis 2024 Checklist Completion Date	CoaguCheck 2024 Checklist Completion Date	Cobas Liat 2024 Checklist Completion Date	Cobiscreen 2024 Checklist Completion Date	Gastroccult 2024 Checklist Completion Date	HemoCue Hb 201 DM 2024 Checklist Completion Date	Hemoglobin A1c Afinion 2 Analyzer 2024 Checklist Completion Date	Lactate Plus 2024 Checklist Completion Date	Preceptor Initials
Exp. Nurse Nancy	123456789	12/02 2023	NA	NA	12/02 2023	NA	12/02 2023	NA	12/02 2023	NA	HET
1. NAME	Employee ID										
2. NAME											
3. NAME											
4. NAME											
5. NAME											
6. NAME											
7. NAME											
8. NAME											
9. NAME											
10.											

UCDAVIS HEALTH Center for Professional Practice of Nursing

DEPARTMENT NAME:
COURSE NAME: Point of Care Testing: Trainer Training the Trainer
COURSE CODE: DAHS-NGNPCTTC24-POCT

Page 2

NAME	Employee ID	Nova StatStrip 2024 Checklist Completion Date	pH Paper 2024 Checklist Completion Date	Urine Dipstick 2024 Checklist Completion Date	Urine Drug Alere iCup 2024 Checklist Completion Date	Urine Pregnancy 2024 Checklist Completion Date	[redacted]	Preceptor Initials
EXP.Nurse Nancy	123456789	12/02 2023	12/02 2023	NA	NA	NA		HET

UCDAVIS HEALTH Center for Professional Practice of Nursing

Annual POCT Signature Page

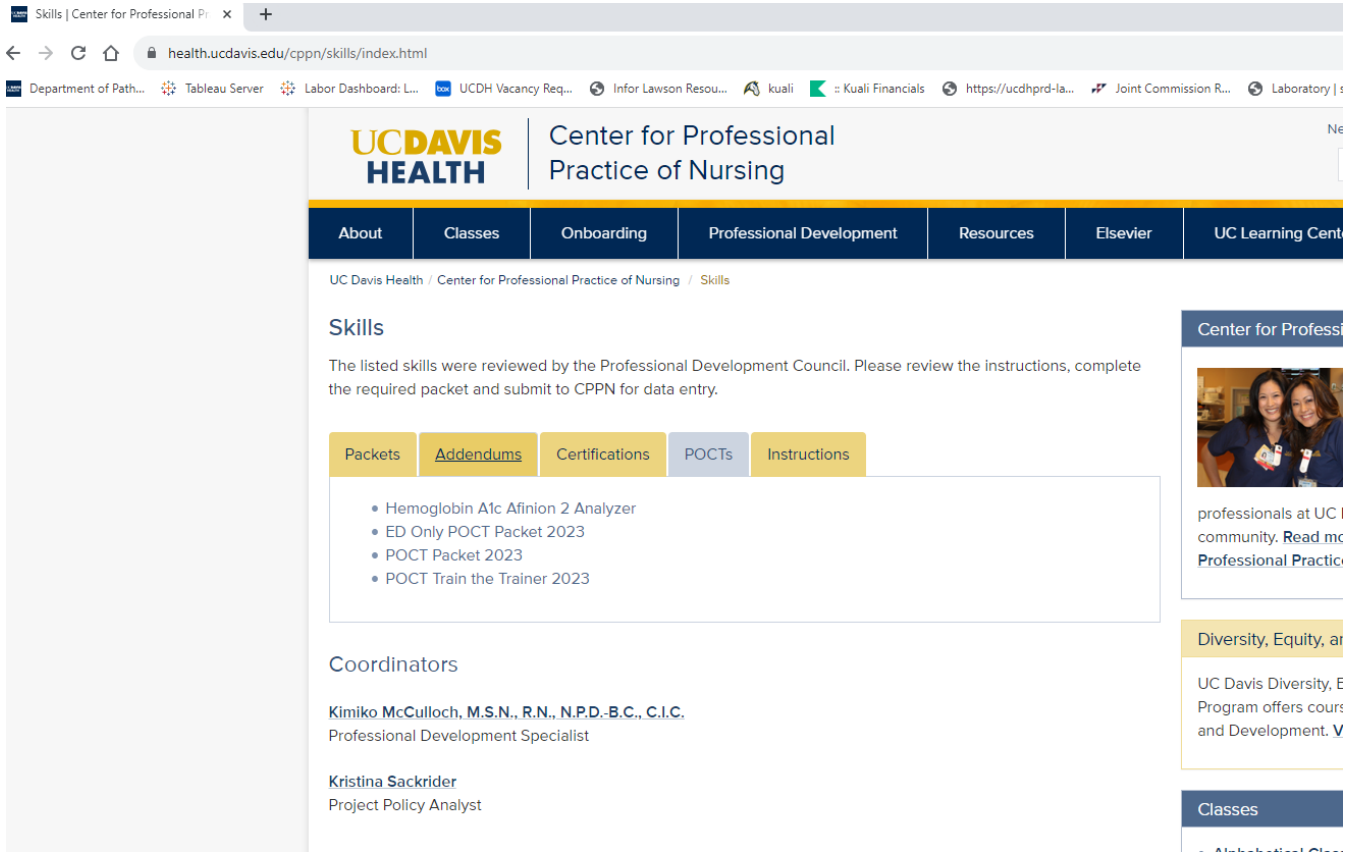
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initial:	Print Name:	Signature:

SEND ORIGINAL ROSTER/SIGNATURE PAGE VIA EMAIL TO hs-cppn@ucdavis.edu WITH SUBJECT: ANNUAL POCT
FILE CHECKLIST IN HOME DEPARTMENT FOR 2 YEARS

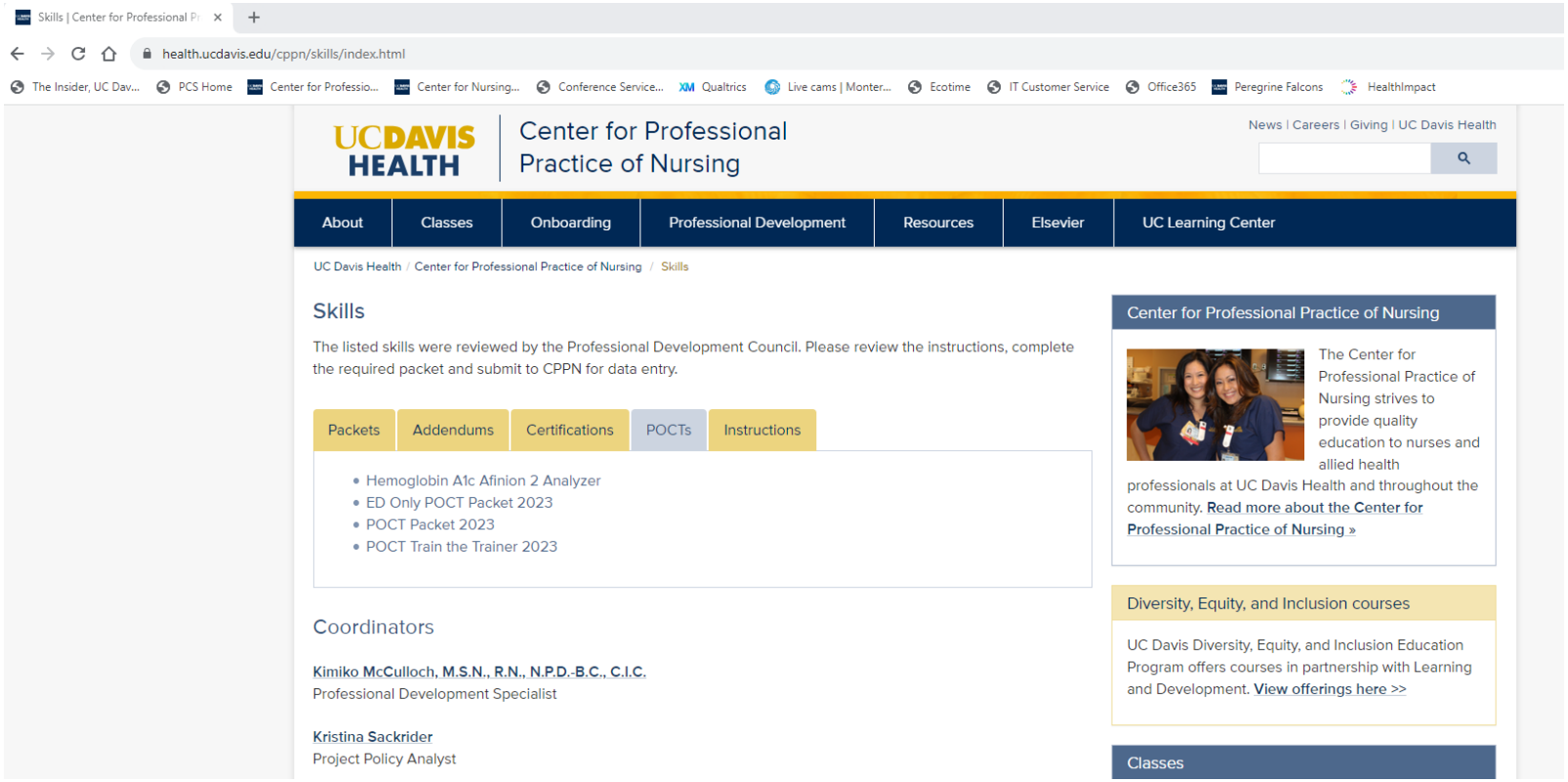
Signing off staff outside the recertification window

- All testing staff must have a completed Competency Checklist.
- This can be found on the CPPN Website.



For Staff Completing **AFTER** 1/31/2024

- All staff trained after January 31st, 2024, will use the Point-of-Care Skills Packet.
- This can be found on the CPPN Website on February 1st, 2024



For Staff Completing **AFTER** 1/31/2024

- Print out the 2024 POCT Skills Packet off the CPPN Website.
- eLearning Module completion required before completing skills check
- Only initial skills completed, leave all others blank.
- Scan Pages 1 & 2 and email them to hs-cppn@ucdavis.edu for new/returning staff **outside the recertification window**.

UCDAVIS HEALTH | Center for Professional Practice of Nursing

2024 POINT OF CARE TESTING

Name:	Employee ID#:
Unit:	Title:
Due Date:	

Scan Page 1 & 2 and email to: hs-cppn@ucdavis.edu Preceptor or other verified personnel date and initial completed skill.

Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A		CompletedOnline Module	Date Completed (or N/A)	Verifier Initials
AdenoPlus by RPS Checklist 2024	DAHS-NSCAPRPS24-POCT			
Bacterial Vaginosis (OSOM BV Blue) Test Checklist 2024	DAHS-NSCBVRT24-POCT			
CoaguChek Checklist 2024	DAHS-NSCCOAGU24-POCT			
Cobas® Liat® System Checklist 2024	DAHS-NSCCOBAS24-POCT			
ColoScreen Checklist 2024	DAHS-NSCCOLO24-POCT			
Gastroccult Checklist 2024	DAHS-NSCGAST24-POCT			
HemoCue Hb 201 DM Checklist 2024	DAHS-NSCHEMOC24-POCT			
Hemoglobin A1c (HbA1c) Afinion Checklist 2024	DAHS-NSCHEMOG24-POCT			
Lactate Plus Checklist 2024	DAHS-NSCLPMSM24-POCT			
Nova StatStrip Checklist 2024	DAHS-NSCNOVA24-POCT			
pH Paper Checklist 2024	DAHS-NSCPHP24-POCT			
Urine Dipstick Clinitek Status+ Connect Checklist 2024	DAHS-NSCURID24-POCT			
Urine Drug Screen Alere iCup Checklist 2024	DAHS-NSCALERE24-POCT			
Urine Pregnancy Test Checklist 2024	DAHS-NSCURIP24-POCT			

UCDAVIS HEALTH | Center for Professional Practice of Nursing

2024 POINT OF CARE TESTING

Name:	Employee ID#:
Unit:	Title:
Due Date:	

Scan Page 1 & 2 and email to: hs-cppn@ucdavis.edu Preceptor or other verified personnel date and initial completed skill.

SIGNATURE PAGE: Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initial:	Print Name:	Signature:

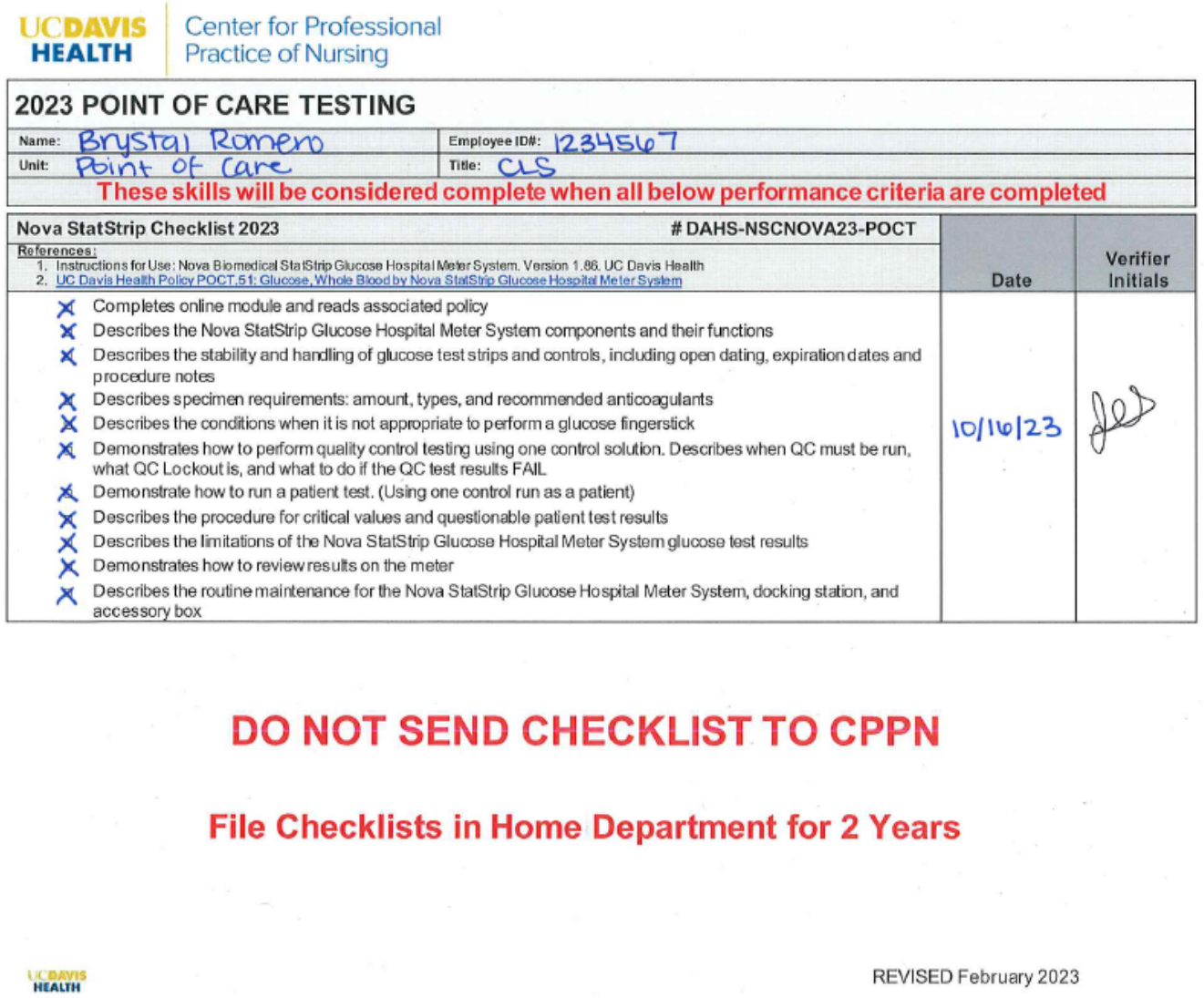
PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UCDH Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills asnoted, and I have the knowledge of the resources available to answer questions.

Printed Name	**Signature**

Documentation

- Do not use down arrows
- Use dark colored permanent ink
- When correcting erroneous entries, line through with single line, date and initial the entry.



UCDAVIS HEALTH | Center for Professional Practice of Nursing

2023 POINT OF CARE TESTING

Name:	Brystal Romero	Employee ID#:	1234567
Unit:	Point of Care	Title:	CLS

These skills will be considered complete when all below performance criteria are completed

Nova StatStrip Checklist 2023 # DAHS-NSCNOVA23-POCT	Date	Verifier Initials
References: 1. Instructions for Use: Nova Biomedical StatStrip Glucose Hospital Meter System. Version 1.86. UC Davis Health 2. UC Davis Health Policy POCT.51: Glucose, Whole Blood by Nova StatStrip Glucose Hospital Meter System		
X Completes online module and reads associated policy X Describes the Nova StatStrip Glucose Hospital Meter System components and their functions X Describes the stability and handling of glucose test strips and controls, including open dating, expiration dates and procedure notes X Describes specimen requirements: amount, types, and recommended anticoagulants X Describes the conditions when it is not appropriate to perform a glucose fingerstick X Demonstrates how to perform quality control testing using one control solution. Describes when QC must be run, what QC Lockout is, and what to do if the QC test results FAIL X Demonstrate how to run a patient test. (Using one control run as a patient) X Describes the procedure for critical values and questionable patient test results X Describes the limitations of the Nova StatStrip Glucose Hospital Meter System glucose test results X Demonstrates how to review results on the meter X Describes the routine maintenance for the Nova StatStrip Glucose Hospital Meter System, docking station, and accessory box	10/16/23	JES

DO NOT SEND CHECKLIST TO CPPN

File Checklists in Home Department for 2 Years

UCDAVIS HEALTH REVISED February 2023

Who can perform POC waived testing at UCD?

- Physicians MD or DO
- Clinical Laboratory Scientists or Medical Laboratory Technologists
- Physician Assistant
- Nurse (RN, BSN, LVN)
- Perfusionist
- Respiratory Tech
- Medical Assistant
- Pharmacists
- Optometrist

All whom have completed initial training prior to patient testing and competency assessment.

Updates for this year

- New EPIC Interfaced devices: Clinitek & Hemocue

- Auto re-certification required for
  - Afinion
  - Hemocue
  - Clinitek
  - Nova Statstrip

Calibrated Timers

- Laboratory Technical Procedure 740.T-Centrifuge and Timer Maintenance

  "Timers used in the laboratory must be NIST certified. Timers will be discarded and replaced upon expiration."

  - Pregnancy
  - Urine drug screen
  - BV Blue
  - Adenovirus

Lawson #118721

UCDAVIS HEALTH

Nova StatStrip Glucose Hospital Meter System

Point of Care Testing 2024

Nova StatStrip Glucose Meter

- Measures glucose 10-600 mg/dL.
- Will display "LO" or "HI" if level is below 10 or above 600 mg/dL.
- **Critical values must be repeated on the same glucose meter.**
  - Newborns: <40 mg/dL or ≥300 mg/dL.
  - Meters located in NICU and the nurseries in Labor and Delivery and Women's Pavilion are clearly marked and are not to be used for the adult population.
  - Adults: ≤54 mg/dL or ≥500 mg/dL.
  - Do not use meters marked as "Newborn" for glucose testing.

Nova StatStrip Glucose Meter

- **When opening new reagents:**

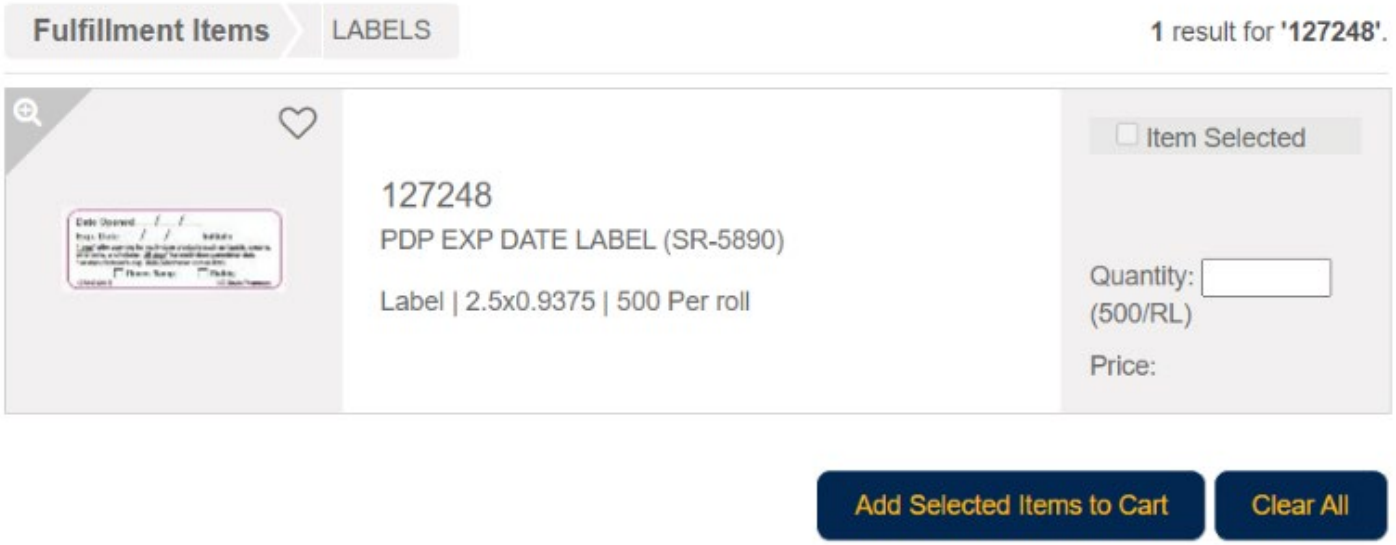
  Label with Open and Discard Date.

  - Strips – 6 months (or manufacturer's expiration, whichever is shortest)
  - Controls – 3 months (or manufacturer's expiration, whichever is first)

Nova StatStrip Glucose Meter

- Helpful Hint: Place clear tape over the dates to prevent fading or smearing.

Nova StatStrip Glucose Meter



These labels can be ordered from Taylor printing through Supply Chain on the intranet.

Nova StatStrip Glucose Meter

- Controls Level 1 and Level 3 must be performed:
  - Every 24 hours.
  - If there is a clinical or physical problem.
  - If the test has been repeated and glucose levels are lower or higher than expected.
  - If the meter has been dropped.
- Meters are configured with a lockout function.
- **Only use your own badge.** If you experience any issues, contact the POC Department.
- Only use the barcode scanner to avoid manual entry clerical errors.

Nova StatStrip Glucose Meter

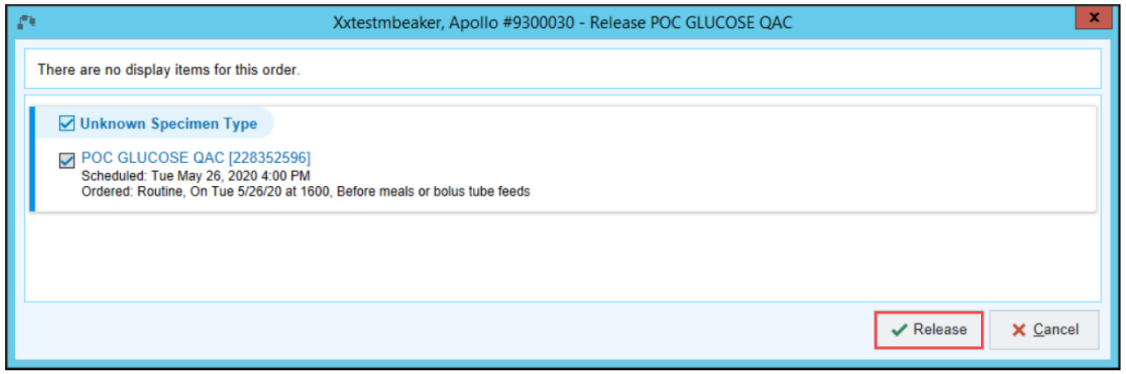
- Cleaning and Disinfection:
  - Meter must be cleaned and disinfected with bleach wipes after each patient use.

- Precautions:
  - Finger stick (capillary whole blood) specimens should not be used in patients receiving intensive medical intervention/therapy or with decreased peripheral blood flow
  - Do not perform testing on serum, plasma, or other body fluids, such as synovial or cerebral spinal fluid.

Nova StatStrip Glucose Meter

Make sure an order has been released before performing patient testing.

- Only check the order you are about to perform.
- Do not select all POC Glucose orders.
- You have 2 hours to perform the test once you have released the order.
- If you forget to release the patient order, you have 2 hours to release the order.



Order Release

Glucose Meter Troubleshooting

- My results are not showing up in Epic…
  - Is there a patient order to release?
  - Did you release the patient order?
  - Have you removed the battery and reset the device?
  - Did you enter/scan the correct MRN?
  - Did you hit "Accept" after performing patient testing?

  - Contact Point-of-Care

Nova StatStrip Meter Annual Recertification

All staff (including Trainers) must complete the following:

- Scan/enter their user number (if manually entering, include "UC" prior to their number)
- Run at least one control solution (both, if the meter is locked) in the QC mode.
- Run a patient using the fake MRN 0000000 (enter 0 seven times).
  - Select either override mode, when prompted.
  - Select Sample Type.
  - Substitute control solution for blood.
  - Include a canned/free text comment of "Test" by selecting comments, paging down and then selecting "TEST" or free text the message.
  - Remember to hit the "Accept" button after each test.
  - Do not "Reject".
- Perform this 2-step process in one log-in session.
- Re-dock the meter for data transmission.
- The recertification window is December 1 – January 31 of every calendar year.

Call the POCT department for questions and issues.

ColoScreen
Helena Laboratories

ColoScreen

Testing Materials

Fecal occult blood slides (ColoScreen)

- Store at room temperature
- Stable until printed expiration

Developer

- Store at room temperature
- **Date box and reagents after opening.**
- Do not freeze or refrigerate
- Stable until printed expiration

*****Developer contains chemicals that may be fatal or cause blindness if swallowed.**

Avoid contact with eyes or skin

- Flush with water

ColoScreen

Test Procedure

1. Check all materials for expiration date.
2. Open the front flap of slide.
3. Collect a small amount of the stool specimen.
   - Apply a **very thin smear** to Box A.
4. Collect a small amount from a different area of the stool specimen.
   - Apply a **very thin smear** to box B.
5. Repeat on additional slides for subsequent bowel movements.
6. Air dry and close the flap.
7. Open perforated window on the back of the slide.
8. **Add 2 drops** of developer to boxes A and B and read after 30 seconds and before 2 minutes.

ColoScreen

Quality Control Testing on each slide

- Add 1-2 drops of developer between the performance monitors and read after 30 seconds but before 2 minutes.
  - Positive monitor (turns blue)
  - Negative monitor (no color change)
- If the monitor fails, use a new slide and repeat testing.
- If monitor(s) fail again, try a new bottle of developer and new slide.
- If monitors still fail, STOP and call the POC Department.

Limitations:

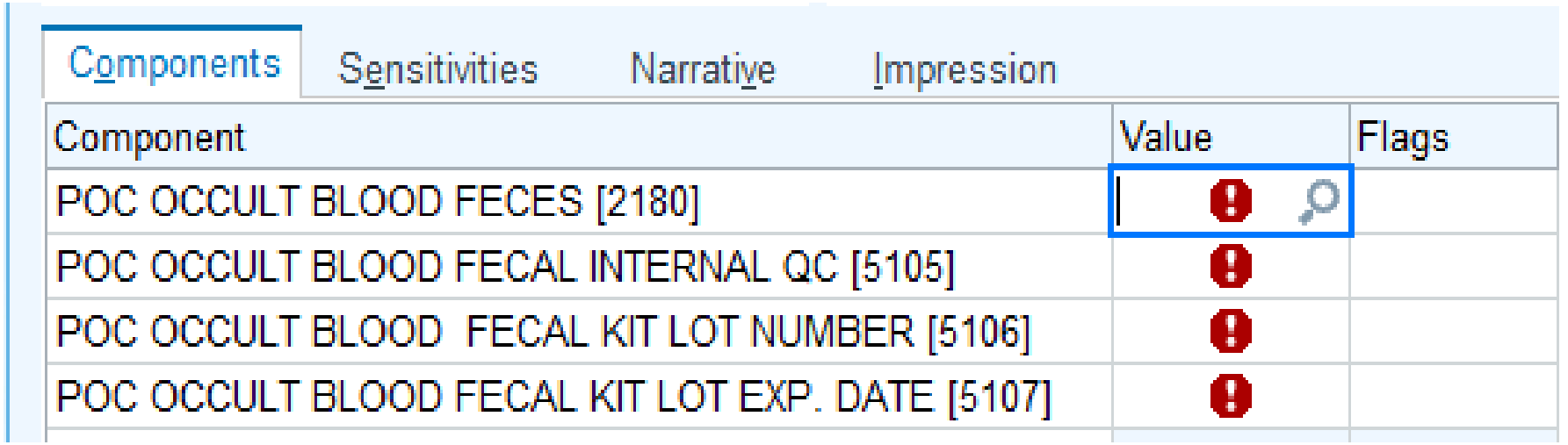
- Low specificity
- Low sensitivity
- Interfering substances from diet and medications (See Policy POCT. 19 on Ellucid for details)

ColoScreen

Test name: POC Occult Blood Feces- POCP00008(EPIC)

All components are required to be completed (mandatory)

- Dropdown list of patient result (Positive and Negative)
- Dropdown list for Internal QC value (Acceptable and Not Acceptable)
- Kit Lot Number- ColoScreen slides and Developer (free text)
- Kit Lot Expiration Date - ColoScreen slides and Developer (free text)



Gastroccult
Beckman-Coulter

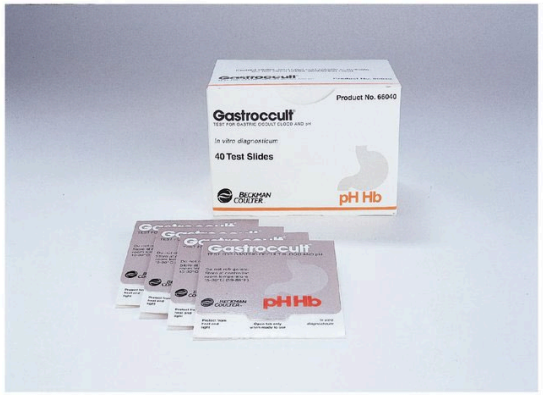
Gastroccult

Screening test for occult blood and pH of gastric aspirate or vomitus

Specimen:

Gastric aspirate collected by nasogastric intubation or vomit

- To be tested immediately
- Read pH within 30 seconds
- Test sample applied to the slide may be developed immediately or up to 4 days if stored at room temp.



If immediate testing is not possible;

Specimen Storage:

Room temperature - 24 hrs
Refrigerated- 5 days

Gastroccult

- **Gastroccult Slides**
  - **Record open date on box**
  - Store at room temp.
  - Stable until printed expiration
  - Keep sealed until ready for use
  - **Do not** refrigerate or freeze
- **Developer**
  - **Date bottle upon opening**
  - Store at room temp.
  - Stable until printed expiration
  - Avoid contact with skin
  - Keep bottle tightly capped

Gastroccult

Test procedure

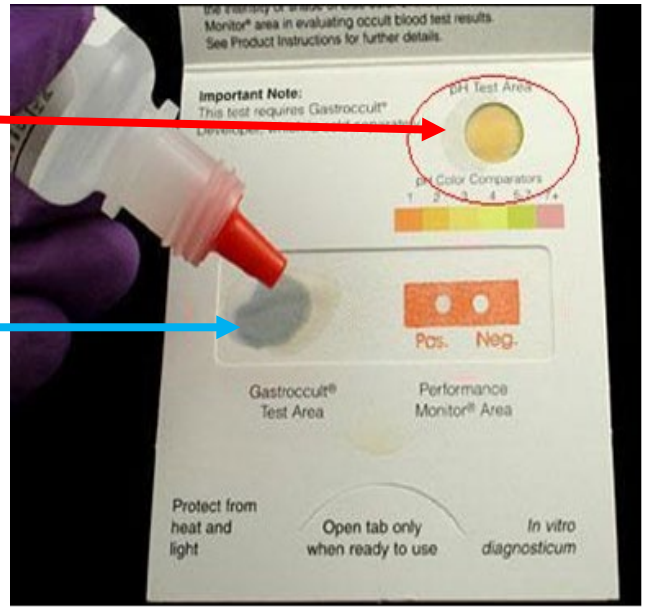
1. Obtain specimen, test immediately or store per manufacturer's recommendations
2. Open slide
3. Apply 1 drop specimen to pH Test area

   Read pH by visual comparison to color chart (within 30 sec.)

   Note: Do not add developer to pH circle.
4. Apply 1 drop specimen to test area

   Add 2 drops developer directly over the sample in the test area.

   Read test area within 60 sec.



Result interpretation:

Positive: blue color developed after addition of developer

Negative: No color development in test area

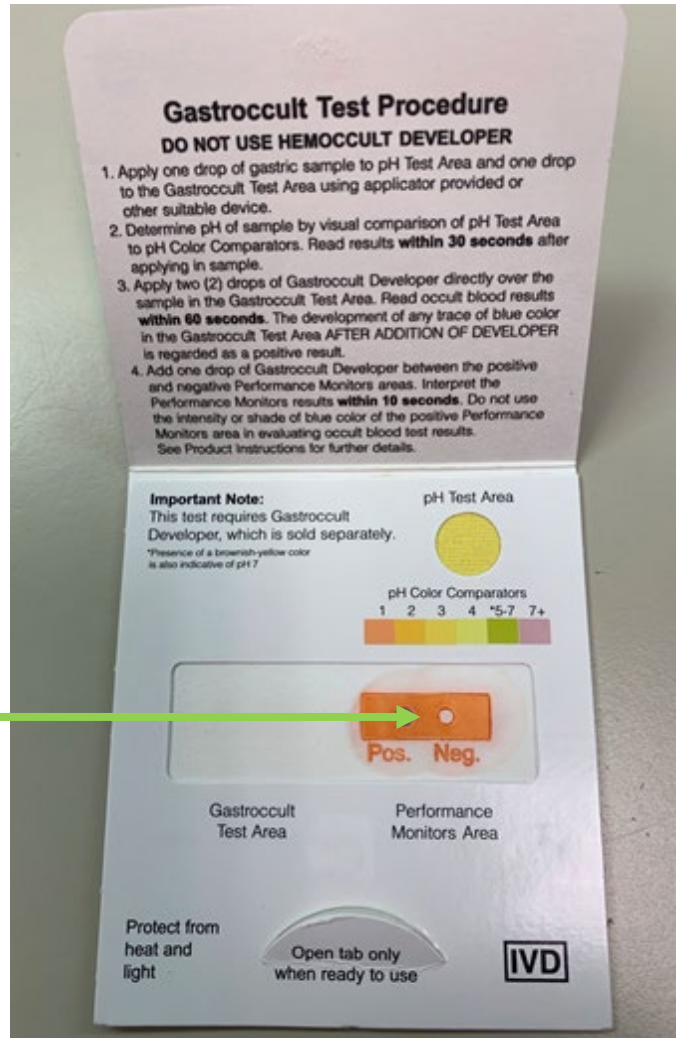
Gastroccult

- Gastroccult slide contains:
  Performance monitor (Quality Control Area)
  Add 1 Drop of developer on positive and Negative
  Interpret the Performance monitor results **within 10 sec**

  – **Positive monitor (turns blue)**
  – Negative monitor (no color change)

  Do not report patient results if performance monitors fail

  – Repeat with new card
  – Do not report results until issue is resolved.

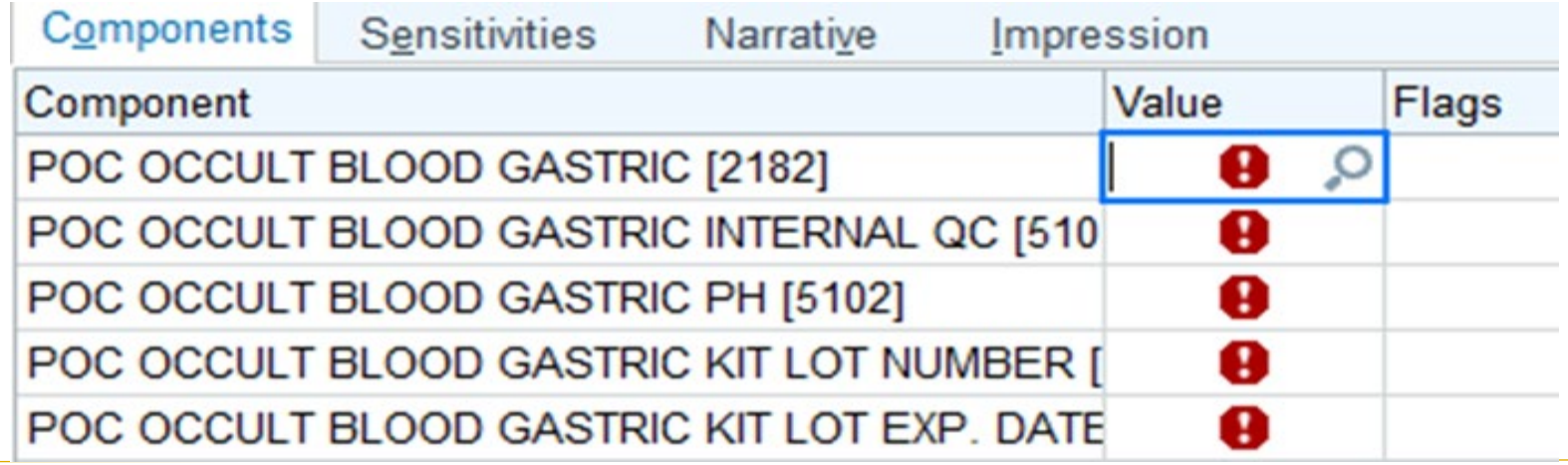


Gastroccult

Test Name: POC Occult Blood Gastric - POCP00009 (EPIC)

All components are required to be completed in EMR (Mandatory)

- Dropdown list of patient result (Positive and Negative)
- Dropdown list for Internal QC value (Acceptable and Not Acceptable)
- Ph component, includes a dropdown list of acceptable values
- Kit Lot Number- Gastroccult slides and Developer (free text)
- Kit Lot Expiration Date - Gastroccult slides and Developer (free text)



UC DAVIS HEALTH

pH Paper

Point of Care 2023

Purpose

- Nitrazine paper (pHizatest)
  - NG tube placement
  - vaginal secretions
  - Range: 4.5-7.5

- Hydrion pH test papers
  - Eye irrigation
  - Urine

Storage and Handling

- Store pH paper in a dry location at room temperature, out of direct sunlight.
- pH paper is stable until the printed expiration date, if unopened.
- **Date upon opening.** Once opened, paper expires after 30 days or upon the manufacturer's expiration date, whichever occurs first.

Specimens

- Vaginal secretion
  - Collect from the posterior vaginal pool with a sterile swab.
  - Do not touch the mucous plug in the cervix.
  - Avoid the use of lubricants or antiseptics.

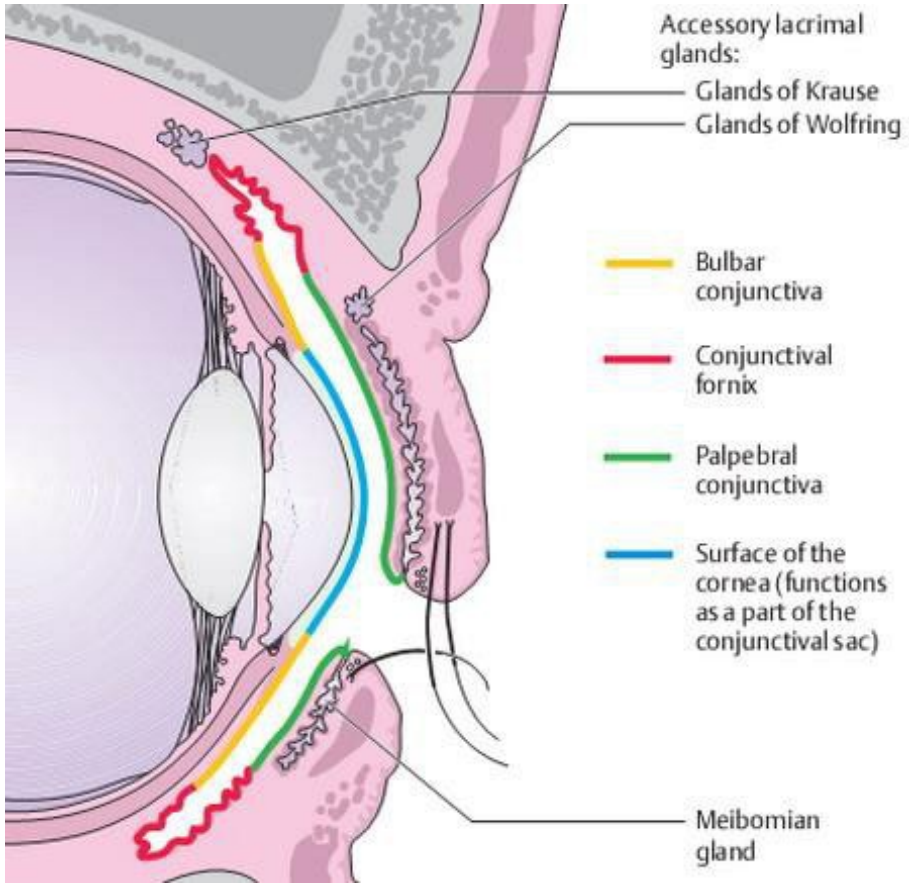
- Gastric aspirate
  - After nasogastric tube placement, aspirate the stomach contents.
  - Place the gastric aspirate in a sterile specimen cup labelled with 2 forms of patient identification, if not tested immediately.

Specimens (cont'd)

- Urine
  - A clean-catch voided urine sample should be collected in a clear container and tested as soon as possible.
  - A first morning specimen is preferred, but random collections are acceptable.
  - Test the urine within 2 hours after voiding. If unable to test within the recommended time, refrigerate at 2-8°C immediately and let it return to room temperature before testing.
  - The use of urine preservatives is not recommended.
  - Reject specimens contaminated by stool or vaginal discharge, or skin cleansers containing chlorhexidine and medications causing abnormal urine color, such as Pyridium ®, Azo Gantrisin ®, Azo Gantanol®, nitrofurantoin (Macrodantin®, Furadantin®) or riboflavin. Send these samples to the Clinical Laboratory for testing (order Urinalysis chem only).

Specimens (cont'd)

- Eye irrigation: Collect from the tear film in the conjunctival fornices.

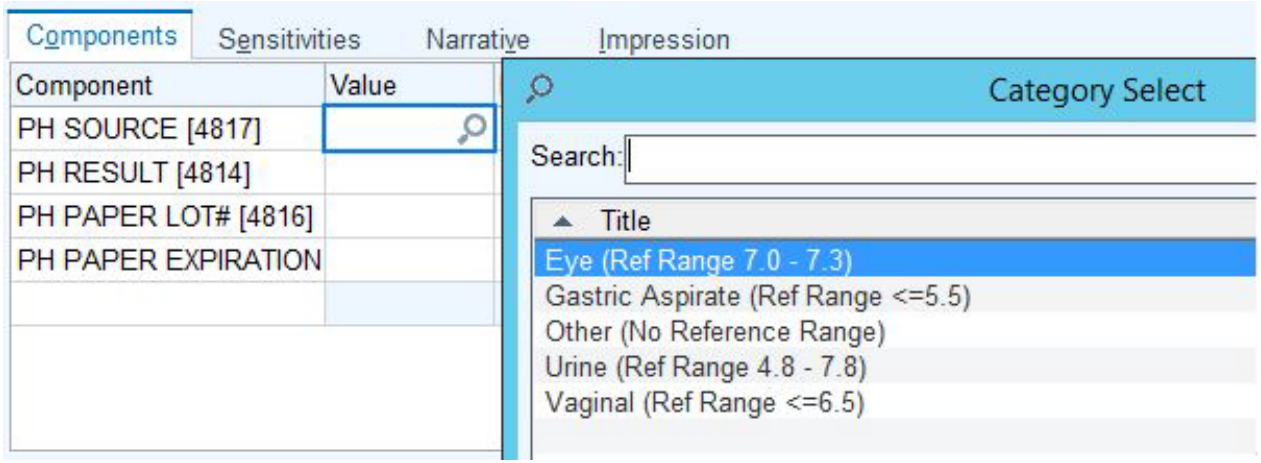


Patient Testing

- Collect a fresh sample.
- Tear off a strip of pH paper and dip into the sample.
- Remove the test paper strip, shake off excess liquid, and compare the strips to the color chart.
- Record the result.

Standard Reporting Format

- POCP000010 POC pH Fluid
- Report only the pH values listed on the color chart. Do not interpolate.

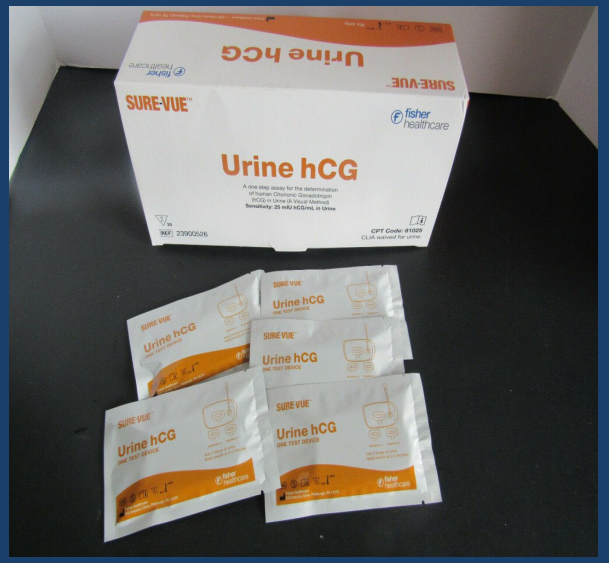


Procedural Notes

- pH paper should remain in the foil wrap until ready to use.
- It is stable until the printed expiration date.
- Protect against exposure to acid or alkaline fumes.
- Color comparison is recommended under a combination of fluorescent light and daylight.
- End users with colorblindness or visual impairment should not perform this test.

UC DAVIS HEALTH

Urine Pregnancy Test

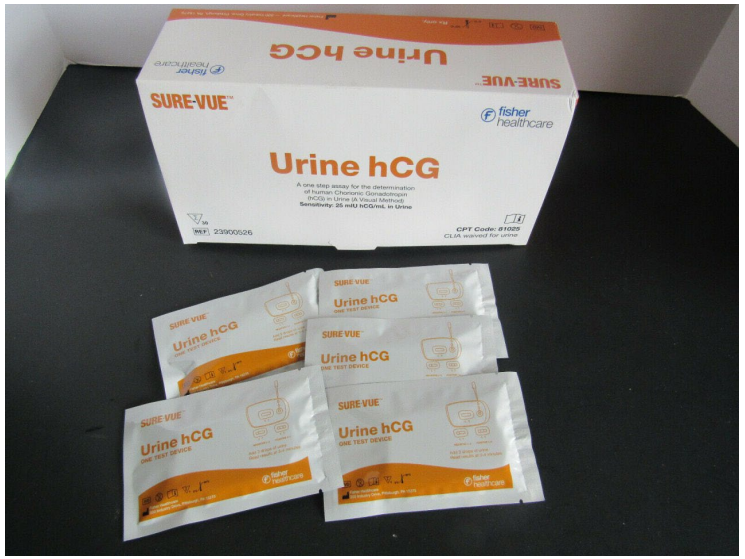


Point of Care 2022

SURE-VUE™ Urine hCG Pregnancy Test

Materials:

- Sterile specimen collection container
- Gloves
- Timer
- SURE-VUE™ Urine hCG kit
  - Stored at room temp (2-30°C)
  - Good until printed expiration date
- Droppers (packaged separately)



SURE-VUE™ Urine hCG Pregnancy Test

Quality Control Testing

Internal Controls

- A red internal control line should appear in the control region.
- Confirms sufficient sample is added to the device
- Confirms proper procedural technique
- A clear background is the internal negative control.

External Controls

- SURE-VUE® hCG Urine Controls
- Store refrigerated.
- Bring to room temperature prior to use.
- To verify test performance, 25 mIU/mL Positive Control and Negative Control should be run whenever a new lot or new shipment of an existing lot is received. Discard the 250 mIU/mL Positive Control vial.
- Record QC results on the POCT QC Suite application.

SURE-VUE™ Urine hCG Pregnancy Test

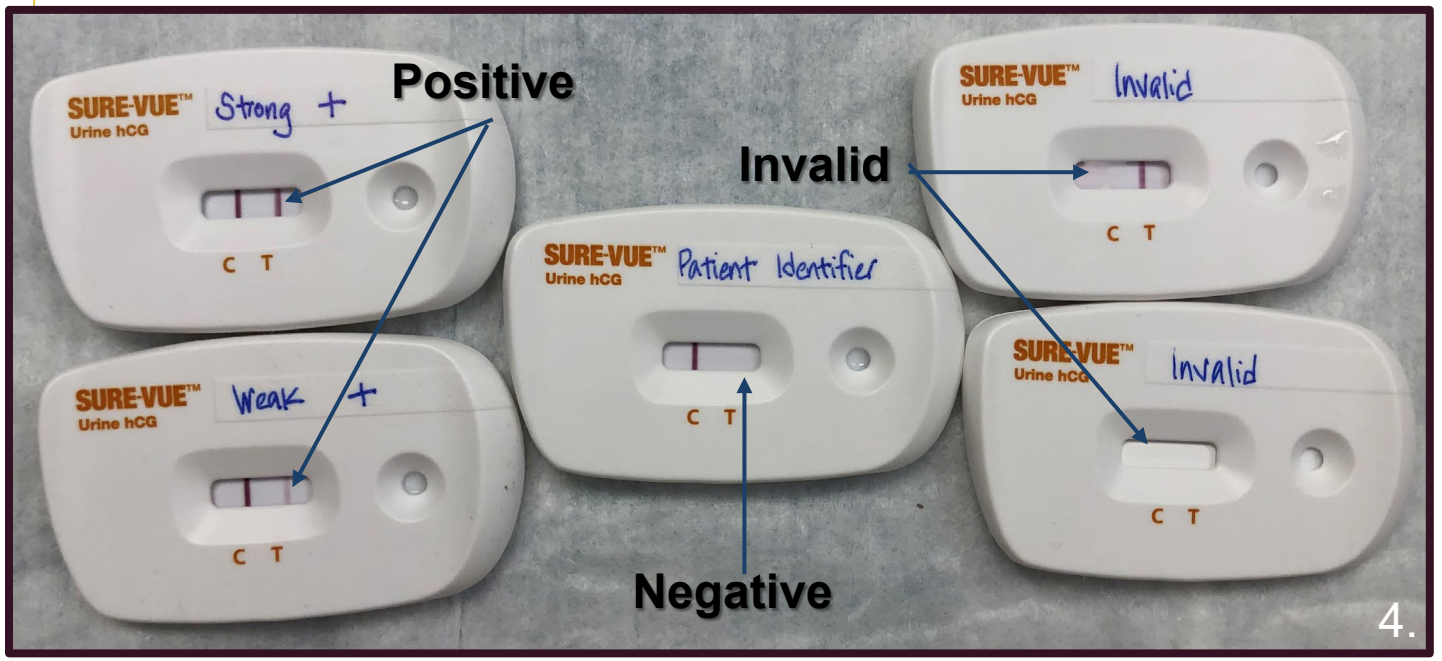
- 25 mIU/mL hCG Positive Urine Control should produce a weak positive result.
- The Negative Control should produce a negative result.
- If the desired result is not achieved, it may be an indication of the test kit not performing properly or the test procedure was not performed correctly.
- Repeat control testing. If results are as expected, proceed with patient testing.
- If repeated results are not as expected, DO NOT perform patient testing.
- Contact the Point of Care department for aid in evaluating the problem.

SURE-VUE™ Urine hCG Pregnancy Test

- Testing
  - Remove the device from the sealed pouch.
  - Label the device with patient and/or control identifiers.
  - Place the device on a clean and level surface.
  - Hold the dropper vertically and transfer 3 drops of urine or control to the specimen well.
  - Start the timer.
  - Confirm a clear background.
  - At 3-4 minutes, read under direct light.
  - Document the internal QC result, kit lot number and expiration date in addition to the patient result.

SURE-VUE™ hCG Urine Pregnancy Test

Results



Positive-2 distinct lines, one in the Test area and one in the Control area.
Negative-One line appears in the Control area. No apparent line in the Test Area.
Invalid-Control line fails to appear

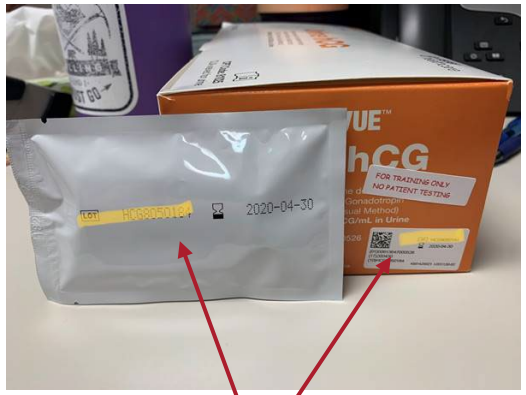
Read the result at 3-4 minutes. **Do not interpret after 4 minutes.**

SURE-VUE™ Urine hCG Pregnancy Test

- Limitations
  - Do not use controls if they are cloudy or contain visible precipitates.
  - Controls contain sodium azide and drains should be flushed thoroughly with water after disposing of controls to prevent azide buildup.
  - Do not use controls or reagents beyond their expiration date.
  - Specimens and controls should be considered potentially hazardous and handled as an infectious agent.
  - Test devices should remain sealed until just prior to use.
  - Allow all reagent to come to room temp before use.

SURE-VUE™ Urine hCG Pregnancy Test

- EMR orderable: POC Pregnancy Spot Urine-POCP00011
- Value: Enter **Positive** or **Negative**
- Pregnancy QC: Dropdown (Acceptable and Not Acceptable)
- Pregnancy Lot # and Expiration date: enter with free text



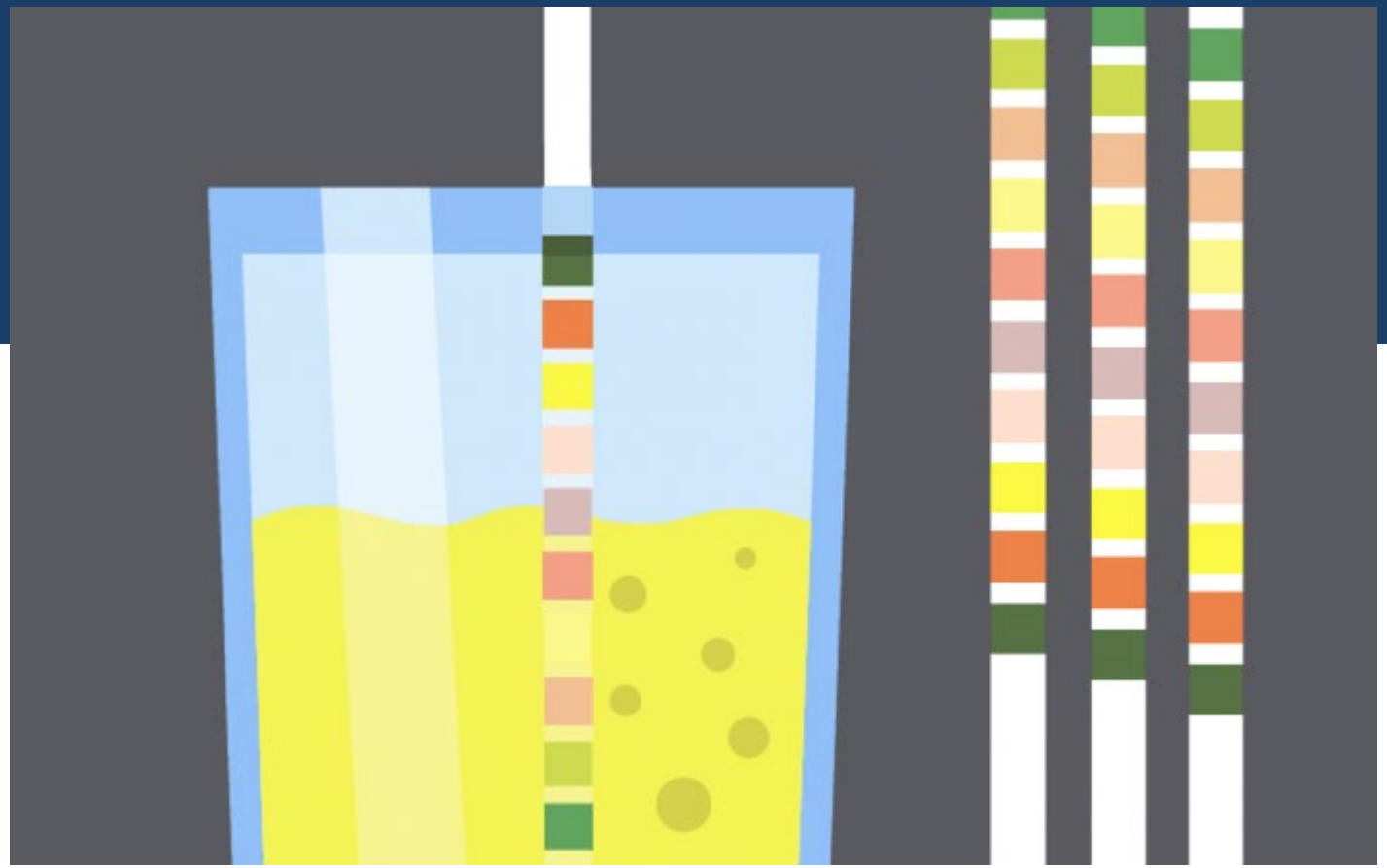
Lot Number

- Note: If the internal control is invalid, the test must be repeated.

Components | Sensitivities | Narrative | Impression

Component	Value	Flags
POC PREGNANCY [2186]		
POC PREGNANCY QC [2187]		
POC PREGNANCY LOT# [2188]		
POC PREGANCY LOT EXPIRATION [5112]		

Dipstick Urinalysis



Upon interface Go-Live

Operator Lockout

Quality Control Lockout

Results will Transmit to patient's chart

No longer need to document QC in POC QC suite

Will need to contact POC for when adding new staff

Annual auto recertification process

Urinalysis

- Specimen Type
  - Fresh voided urine in a sterile container, test within 2 hours
  - First morning specimen preferred
    - May be refrigerated and must come to room temperature before testing
  - Clean catch: Genital region cleaned prior to collection

Urinalysis

Clinitek Status+

Multistix 10SG

- Room temperature
- Do not transfer to another container
- Do not use after expiration date printed on bottle
- Do not remove desiccant from bottle
- **Date bottle after opening**

Urinalysis: How often do you Perform QC

- Daily- Temporarily set to monthly.
- When a new bottle of reagent strip is opened
- When training new personnel
- Whenever results are in question
- When receiving a new lot or new shipment

Document QC in POCT QC Suite

Upon interface Go-Live

- Operator Lockout
- Quality Control Lockout
- Results will Transmit to patient's chart
- No longer need to document QC in POC QC suite
- Will need to contact POC for when adding new staff

Clinitek Recertificaiton

All staff (including Trainers) must complete the following:

Scan/enter operator ID (UC Badge number) to log in to the device.

Requirements:

- ✓ Run at least 1 level of QC in QC mode
- ✓ Run a patient using the fake MRN 0000000 (enter 0 seven times).
  *May Substitute the control solution for urine specimen.

- Recertification will automatically renew for 1 year if both requirements are met.

***The recertification window is December 1–January 31 of every calendar year. Recertification will fail if performed outside the window period.**

COBAS LIAT

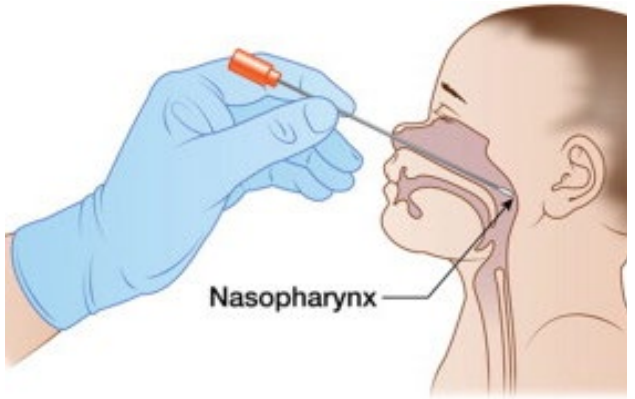
Cobas Liat

Real-time PCR analyzer for:

- Influenza A & B
- Respiratory Syncytial Virus (RSV)
- *Streptococcus pyogenes* (Strep A)
- SARS-CoV-2

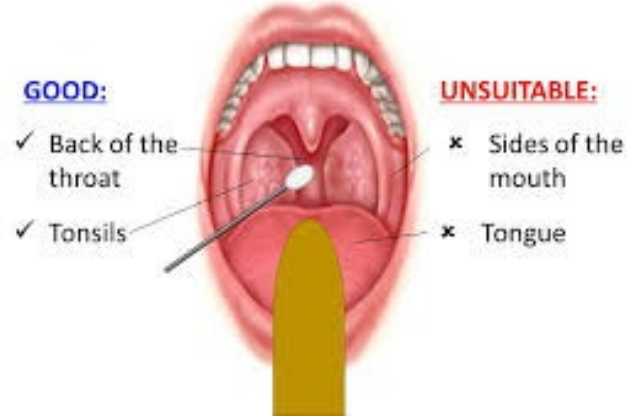
Cobas Liat: Specimen Requirements

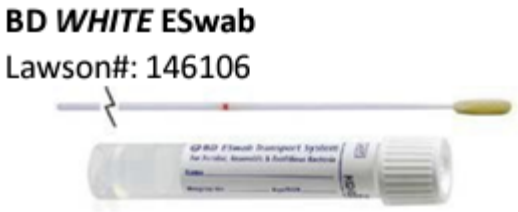
- SARS-2 +/- Flu A/B and RSV
  - Nasopharyngeal swab or Anterior Nares (Covid only)
  - Instruct patient to blow their nose
  - Tested immediately or refrigerated for **72** hours



Cobas Liat: Specimen Requirements

- Strep A
  - Throat swab
  - Tested immediately or refrigerated for **48** hours
  - Shake sample vigorously
  - Does not need follow-up culture



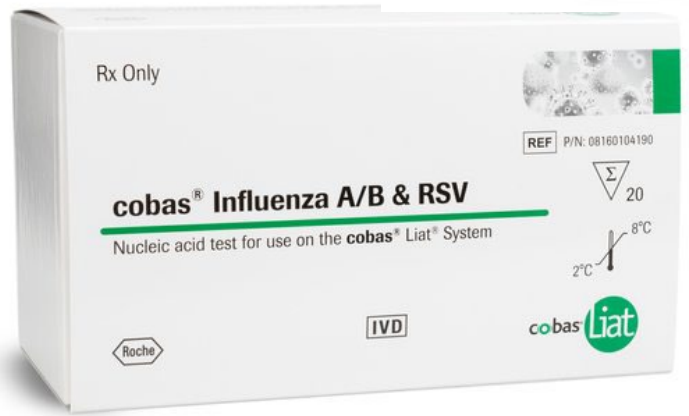


Cobas Liat

Kit Storage: Refrigerated (2-8°C)

Stable until printed expiration date

Reagents stable 0-30°C for 72 hours to allow for transport time

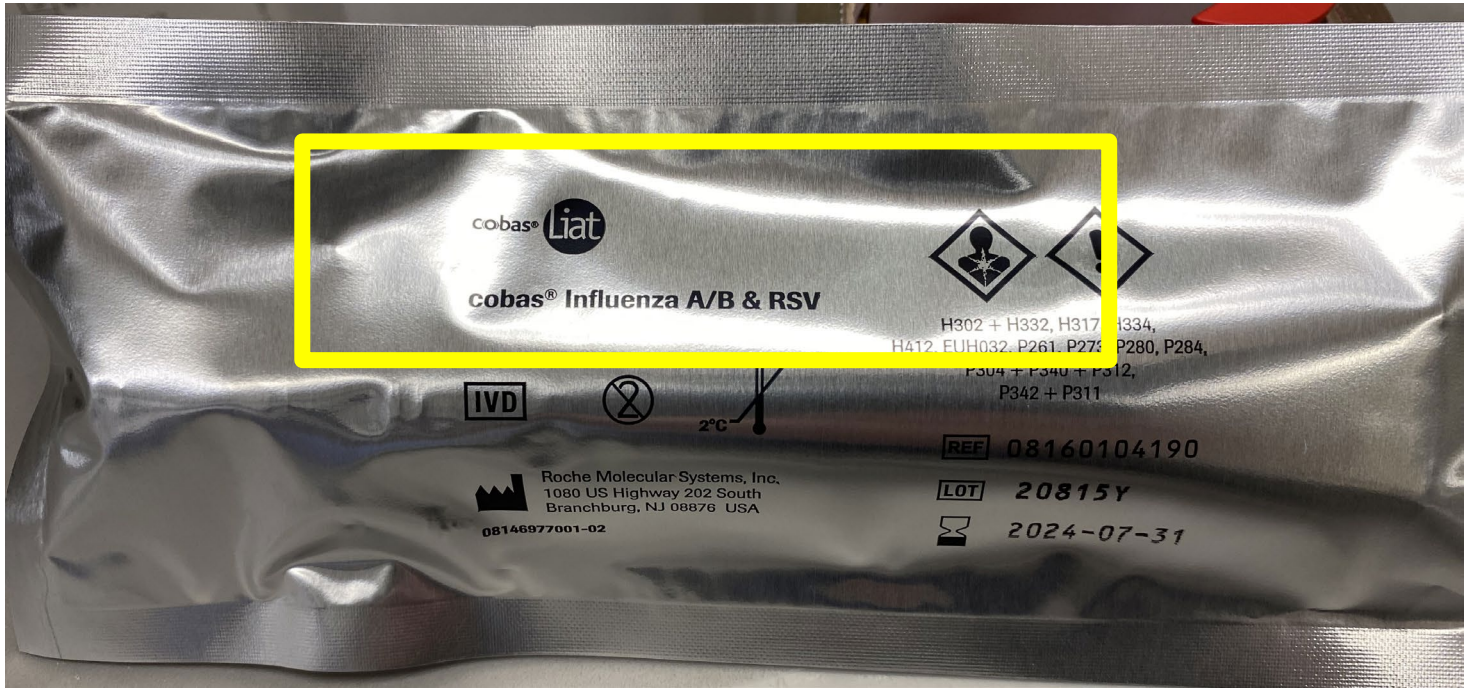


Cobas Liat: Reporting

- Detected
- Not detected
- Assay invalid
  - Requires repeat
- Indeterminate or Invalid
  - Sent to clinical laboratory for confirmatory testing

Caution!

- **Confirm assay tube against provider order.**
  - All packages look the same. **Be sure to read packaging prior to performing patient testing.**
  - It's actually illegal to perform testing without a physician order.



Confirm Patient Medical Record before testing

- Scan the patient wristband label to ensure proper specimen identification
- Review patient information prior to proceeding with patient test.

Cobas Liat: Testing Limitations

- **Use Proper PPE and Standard Precautions when performing patient testing**
- Do not use damaged assay tube.
- Do not use if assay tube has been dropped after opening.
- Do not puncture the assay tube or seal at the bottom of the compartment.
- Do not open packaging until ready to perform test.
- Make sure to change gloves in between handling patient samples to avoid cross contamination of specimens.
- Negative results do not preclude infection and should not be used as sole basis of treatment.
- False negatives may occur if specimen is improperly collected, transported, handled or inadequate number of organisms are present in the specimen.
- Assays cannot rule out other diseases caused by bacterial or viral pathogens.

Disposal

- **Assay tubes, pipettes, swabs and collection media are to be disposed of in biohazardous waste bins.**

Hemoglobin A1c (HbA1c)
Afinion™ 2 analyzer

Afinion™ 2 analyzer

A. Specimen:	The following sample materials can be used with the Afinion™ 2 HbA1c test: • Capillary blood sample (from finger stick). • Venous whole blood with anticoagulants (EDTA, heparin or citrate).
B. Specimen Storage:	Specimen storage • Capillary blood samples cannot be stored. • Venous whole blood with anticoagulants (EDTA, heparin or citrate) may be stored at room temp for 8 hours or refrigerated for 10 days. • Do not freeze.
C. Handling Precautions:	Note! An information code will be displayed on the instrument screen, and no result obtained if hemolyzed or coagulated samples are analyzed.

Afinion™ 2 analyzer

Test Cartridges

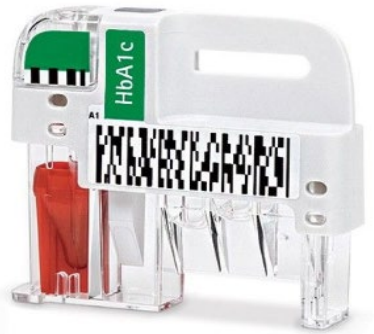
Refrigerated storage 2-8°C (36-46°F)- stable until the Printed expiration date.

Room temperature storage 15-25°C (59-77°F)- Stable for 90 days

Reminder:

- ✓ Opened foil pouch should be used within 10 minutes after opening.
- ✓ Avoid exposure to direct sunlight.

** Once sample is collected Analysis must begin within one minute.



Afinion™ 2 analyzer

HbA1C Control

Quality control testing should be done to confirm that your Afinion Analyzer System is working properly and providing reliable results. Only when controls are used routinely, and the values are within acceptable ranges can accurate results be assured for patient samples.

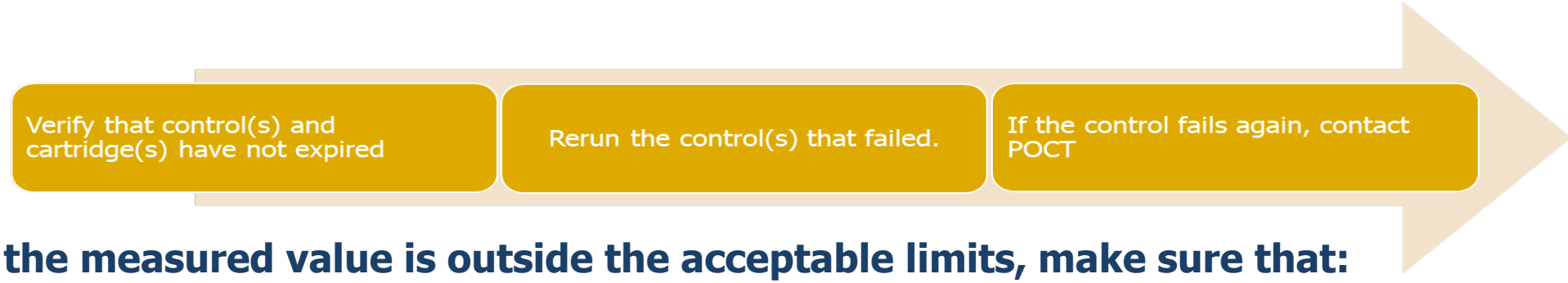
Frequency of Control Testing

Level 1 and Level 2 Controls must be analyzed:

- ✓At least every 30 days.
- ✓With each new lot of Afinion HbA1c Test Cartridges.
- ✓With each shipment of existing lots of Afinion HbA1c Test Cartridges.
  - -Mark current lot vs new shipment
- ✓When questionable or unexpected results are obtained.
- ✓When training new operators.

Note : Need to send POCT the QC range Level 1 and Level 2 on new QC lot (found in the QC card)

Afinion Quality Control Failure



If the measured value is outside the acceptable limits, make sure that:

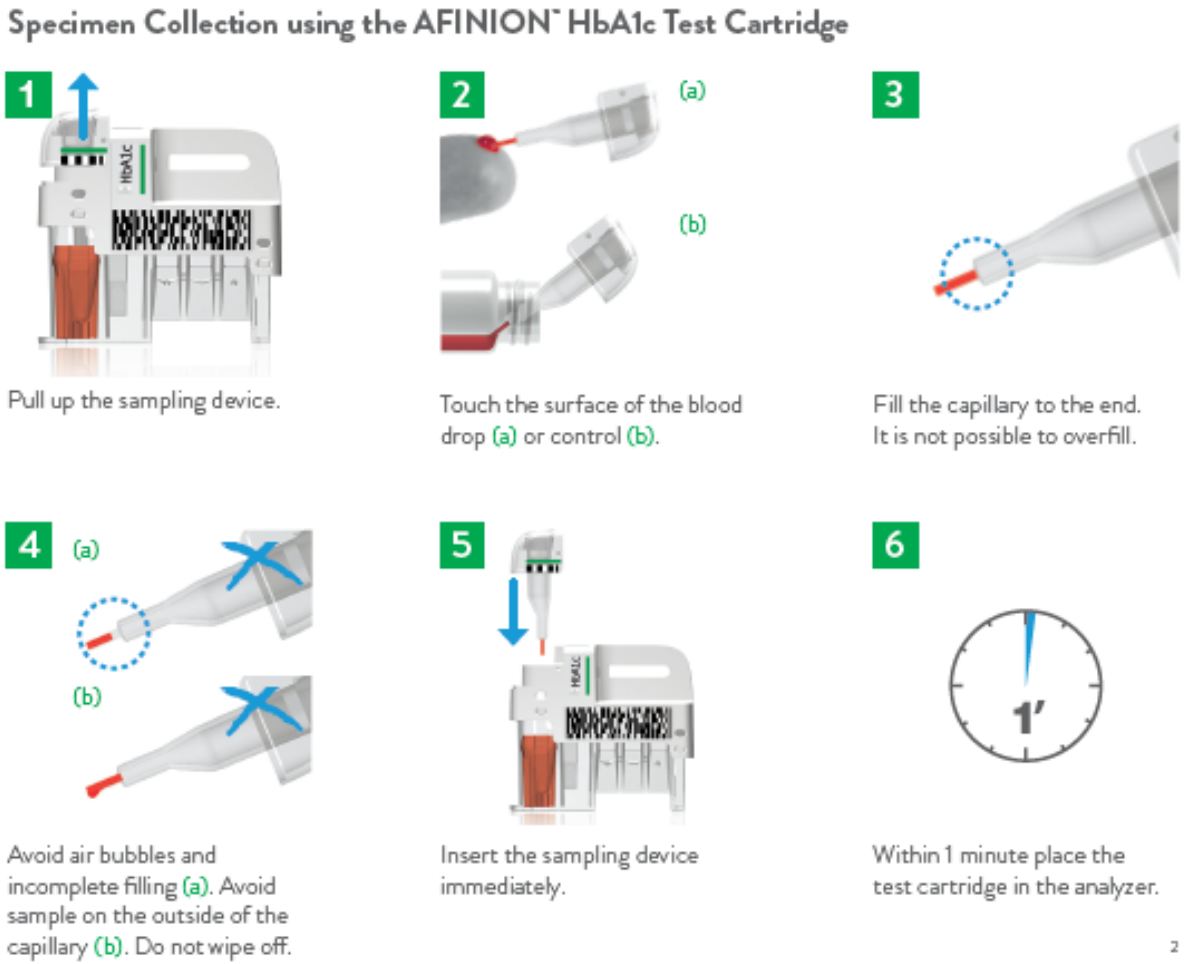
- patient samples are not analyzed.
- the control vial is not expired.
- the control vial has not been in use for more than 60 days.
- the control vial has been stored properly.
- Afinion HbA1c Test Cartridges have been stored properly.
- there is no visual sign of contamination of the control vial.

Correct any procedural error. Retest the control material. If no procedural errors are detected:

- investigate the frequency of control failures.
- examine quality control records.
- ensure that there is no trend in out-of-range quality control results.
- retest the control material using a new control vial.
- patient results must be declared invalid. Contact Point of care for advice. Do not analyze patient samples

Specimen collection

Label Test cartridge with patient identifiers



Running a Test

Patient Sample:
Touch for patient samples.

Control:
Touch for controls.

The lid opens automatically. Insert the test cartridge.
The barcode should face left.

Close the lid manually to start the test.

Patient Sample:
Touch and enter patient ID.

Control:
Touch and enter control ID.

Enter ID during processing.
Touch to confirm.

Record the result when it appears on the screen.

Touch to accept.

The lid opens automatically. Remove and discard the cartridge.

Close the lid manually.

Afinion™ 2 analyzer

Limitation

Any cause of shortened erythrocyte life span will reduce exposure of erythrocytes to glucose, resulting in a decrease in HbA1c values, regardless of the method used.

Caution should be used when interpreting the HbA1c results from patients with conditions such as hemolytic anemia or other hemolytic diseases, homozygous sickle cell trait, pregnancy, blood loss, polycythemia, iron deficiency etc.

1. Diluted samples cannot be used with Afinion HbA1c.

2. Coagulated or hemolyzed samples cannot be used with Afinion HbA1c.

3. Samples with >14% (2000 mg/dL) hemolysis may return an information code.

4. If the sample has a hemoglobin value below 6.0 g/dL or above 20.0 g/dL, no test result will be reported, and an information code will be displayed.

**Please refer to Policy POCT.65 for error codes.

Afinion™ 2 analyzer

CLEANING THE EXTERIOR

Cleaning the exterior of the Afinion 2 Analyzer should be performed whenever necessary.
Most spills and stains can be removed with water or a mild detergent.

1

Switch off the analyzer. Unplug the power supply when the shut down procedure is completed.

2

Clean the outside of the analyzer and the touch display with a clean, lint-free and non-abrasive cloth dampened in water or a mild detergent.

To disinfect the exterior of the analyzer, use a 1:10 solution of household bleach (i.e., 0.5 % sodium hypochlorite), 2% glutaraldehyde solution or 70% alcohol solution. The surface of the analyzer should be exposed to the disinfectant for at least 10 minutes.

Allow the analyzer to air dry.

3

Plug in the power supply and switch on the analyzer.

CLEANING THE CARTRIDGE CHAMBER

1

Touch to open the lid. Unplug the power supply.

2

Wet a Cleaning Swab with 3 drops of water and gently rinse the cartridge chamber. To disinfect the surface, use a 1:10 solution of household bleach (i.e., 0.5% sodium hypochlorite), 2% glutaraldehyde solution or 70% alcohol solution. **Do not soak.**

3

Carefully remove spills and particles from the cartridge chamber using the moistened swab. To disinfect the cartridge chamber, the surface of the chamber should be exposed to the disinfectant for at least 10 minutes. Wipe off any residual liquid from the cartridge chamber using a new, dry Cleaning Swab.

4

Plug in the power supply, and power on the analyzer by pressing the on/off button. The lid will close automatically during the self-test. If it does not, then close it manually and restart the analyzer.

Clean exterior and cartridge chamber every 30 days.
Document cleaning on the Afinion cleaning log.

Affinion Recertification

All staff (including Trainers) must complete the following:

Scan/enter operator ID (UC Badge number) to log in to the device.

Requirements:

- ✓ Run at least 1 level of QC in QC mode
- ✓ Run a patient using the fake MRN 0000000 (enter 0 seven times).

*May substitute control solution for blood specimen.

- Recertification will automatically renew for 1 year if both requirements are met.

- ***The recertification window is December 1–January 31 of every calendar year. Recertification will fail if performed outside the window period.**

Bacterial Vaginosis

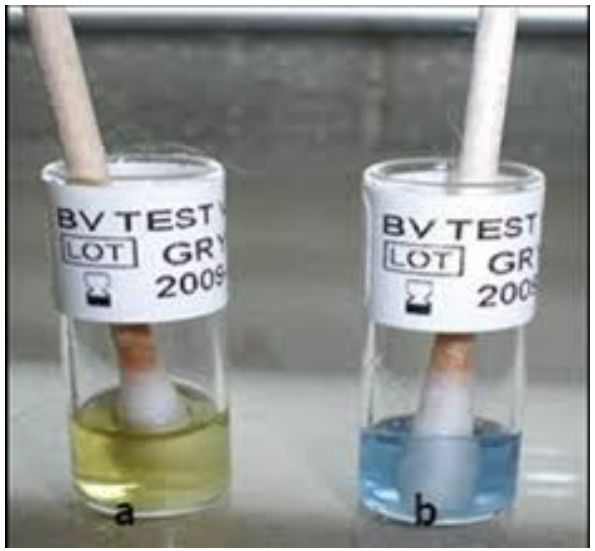
BVBlue

- **Materials:**
  - **Test kit**
  - **External control kit**
  - **Timer**

BVBlue QC

- External QC should be performed when a new kit is opened
- Remove kit from refrigerator and allow to warm to room temperature
- Remove 2 glass tube vessels and inspect for precipitation and clarity, discard if present
- Label vessel, remove cap, then add 1 drop of positive or negative control
- Insert swab and let sit for 10 minutes.
- Add 1 drop of developer, gently swirl
  - Positive: Blue Color
  - Negative: Yellow Color
  - No Color: Invalid

Document QC Results in POCT QC Suite



BVBlue Patient Testing

- Remove 1 test vessel and developer from kit
- Remove Cap from test vessel

- Place swab in test vessel
- Gently swirl
- Let stand 10 minutes

- Add 1 drop developer
- Read immediately

BVBlue Limitations

Avoid collecting specimens from cervix due to increased risk to OB patients

Do not use specimens from patients who have used within 72 hours:

- vaginal cream or ointment
- douched
- spermicides
- Vaginal lubricants
- Feminine sprays

Patients may have mixed infections and other pathogens may be masked

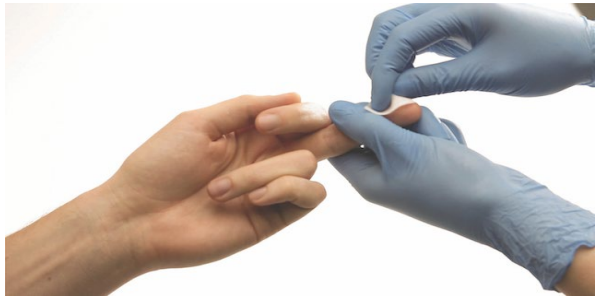
Results should be used in conjunction with other clinical patient information

Hemoglobin Whole blood by HemoCue

Qualitative determination of hemoglobin in capillary, venous and arterial whole blood.

HemoCue

- Capillary:
  - Clean puncture site with disinfectant and allow to air dry
  - Puncture skin using single-use lancet
  - Wipe away first drop with lint free wipe
  - Apply light pressure until another drop appears, when adequate size fill the micro cuvette in one continuous process.
  - **Do not refill**



- Venous and arterial:
  - **Mix tube thoroughly**
  - If refrigerated, allow the specimen to reach room temperature prior to testing
  - Dispense and aliquot a drop of the mixed specimen onto a piece of Parafilm or slide
  - Fill the micro cuvette by placing its tip on the edge of the blood aliquot allowing it to fill by capillary action in one continuous process
  - **Do not refill**

Upon interface Go-Live

Operator Lockout

Quality Control Lockout

Results will Transmit to patient's chart

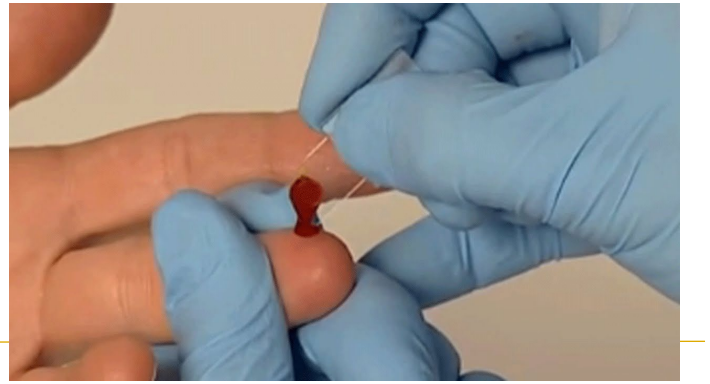
No longer need to document QC in POC QC suite

Will need to contact POC for when adding new staff

Annual auto recertification process

HemoCue

- After filling, wipe off excess blood from outer surface of the micro cuvette with lint free tissue
- Be careful not to touch the open end of the cuvette
- Look for air bubbles in the cuvette
- If any bubbles are seen in the optical eye of the cuvette, discard
- Small bubbles around the edge can be ignored
- If second sample needs to be taken from the same finger stick, wipe away the remains of the initial sample and fill a second cuvette from a new drop of blood. Testing should be performed within 10 minutes for accurate results.



Hemocue QC Troubleshooting

- When QC is out of range
  - Repeat after thoroughly mixing control material
  - If repeat test is out of range, contact POC for assistance in troubleshooting
  - Do not use HemoCue until problem is resolved

Cleaning

- Analyzer should be wiped down with 70% alcohol after each use.
- The cuvette holder should be cleaned weekly and as needed
- Turn analyzer off
- Pull cuvette holder out to the loading position
- Carefully press the small catch in the upper right corner of the cuvette holder
- While pressing the catch, carefully rotate the cuvette holder sideways as far as possible to the left
- Remove cuvette holder from the analyzer. Clean cuvette holder with 70% alcohol.

Hemocue Patient resulting

- **Place Orders and enter all results in EPIC.**
  - **POC Hemoglobin, Whole Blood POCP000006**
- Report results with units “g/dL”
- Critical Values
  - Age 0-13 days ≤ 8.0 g/dL
  - 14 days or older ≤ 5.0 g/dL

- Notify physician immediately and send confirmation sample to Lab for testing

HemoCue Limitations

- Confirm controls are properly stored and used as described in package insert
- Incomplete mixing of control vial prior to use invalidates both the sample withdrawn and any remaining material in control vial
- Linearity: 0-25.6 g/dL
- **Values >23.5 g/dL must be confirmed by Laboratory**
- Sensitivity 0.1 g/dL hemoglobin

Hemocue Recertification

All staff (including Trainers) must complete the following:

Scan/enter operator ID (UC Badge number) to log in to the device.

Requirements:

- ✓ Run at least 1 level of QC in QC mode
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